Food Products Manufacturers  
Supplemental Application

Named Insured:  
Agent Name and Phone:  
Effective Date:

1. Is there an automatic sprinkler system?  
   ☐ Yes (if yes please answer questions (a)-(h))  
   ☐ No (if no please skip to question 2.)

   (a) If yes, _____ % of the building is sprinklered?  
   (b) If less than 100% of the building is sprinklered, what portion is sprinklered?

   (c) Age of sprinkler system:  
   (d) Type of sprinkler system  
      ☐ Wet  ☐ Dry  ☐ Other (Describe)  
   (e) Was sprinkler installed for present occupancy?  
      ☐ Unknown  ☐ Yes  ☐ No

   (f) Name of company contracted to perform sprinkler system inspection, testing and maintenance.

   (g) How often is the sprinkler system maintenance and inspection performed?  
      ☐ Monthly  ☐ Quarterly  ☐ Semi Annually  ☐ Annually

   (h) Are sprinkler alarms installed?  
      ☐ Yes  ☐ No

   If yes  ☐ Water Flow  ☐ Valve Closure

2. What types of alarms protect the premises? (check all applicable)
   ☐ Local  ☐ Central Station (constantly monitored)  ☐ Smoke Detection
   ☐ Heat Detection  ☐ Motion Detection  ☐ Other (Describe):__________________

3. How is dust controlled in dust producing operations? (Check all that apply)
   ☐ Dust Collection System  ☐ General Housekeeping  ☐ Non-Dust Producing Operation

4. What type of housekeeping program is in place?  
   ☐ Formal Written  ☐ Informal  ☐ As Needed

5. Do you use flammable liquids, or other materials that require special storage practices?  
   ☐ Yes  ☐ No

   (a) Quantities stored on Premises____________________

   (b) How are they stored?  
      ☐ UL Listed  ☐ A Separate Storage  ☐ No Special Storage  ☐ Other, please describe:
      Storage Cabinet  Room Designed for  Requirements Apply
      Flammable Liquids

6. For storage of raw materials, finished stock, and packaging materials:

   (a) Give total square feet for storage  
      ☐ Square Feet

   (b) Does the height of storage exceed 12 feet?  
      ☐ Yes  ☐ No

      If yes, please describe:____________________________________________________

   (c) If the storage exceeds 12 feet, are the storage racks equipped with in-rack sprinklers?  
      ☐ Yes  ☐ No

   (d) Are the shelving racks:  
      ☐ Solid  ☐ Open

7. What type of business continuance plan is in place?  
   ☐ Formal  ☐ Informal  ☐ No Plan is Needed

8. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?  
   ☐ Yes  ☐ No

9. Are Certificates of Insurance obtained from major/critical suppliers, contractors, or subcontractors?  
   ☐ Yes  ☐ No

10. Is Vendors coverage obtained from major/critical suppliers (finished product manufactured by others, for example, Food Containers)?  
    ☐ Yes  ☐ No

11. Does your company perform any delivery of products? If yes, please describe:  
    ☐ Yes  ☐ No

12. Are there any nut products used in your operation?  
    ☐ Yes  ☐ No
13. Do you directly import any products including ingredients? If yes, please explain:  
   □ Yes □ No

14. Are you participating in the research and development of any new product or planning any new products for sale in the next 12 months? If yes, please explain:  
   □ Yes □ No

15. Has any product been self-insured, uninsured, or excluded from any previous coverage? If yes, please explain:  
   □ Yes □ No

16. Do others manufacture, prepare or package products under your name or label (including any foreign-made products?) If yes, please explain:  
   □ Yes □ No

17. Do you manufacture, prepare, or package products for others under your name or private label?  
   □ Yes □ No

18. Do you have a specific program to withdraw known or suspected defective products from the market?  
   □ Yes □ No

19. Have any of your products been subject to a voluntary recall? If yes, please explain:  
   □ Yes □ No

20. Are written quality control records and testing procedures followed?  
   (a) How long are quality control and testing records kept?  
   □ Yes □ No
   (b) Are you required to file the test results with any regulatory body?  
   □ Yes □ No
   (c) Are records kept of when each product was manufactured?  
   □ Yes □ No
   (d) Do you keep records of the date each product was sold and to whom?  
   □ Yes □ No
   (e) Are raw materials or component parts which go into your products recorded?  
   □ Yes □ No
   (f) Are changes in designs, advertisements and sale brochures recorded?  
   □ Yes □ No

21. Are any quality control checks being performed on your products by your end customers?  
   □ Yes □ No

22. Can you distinguish your product from those of competitors? If yes, how:  
   □ Yes □ No

23. Are all instructions, advertisements, labels and warnings periodically reviewed by legal counsel?  
   □ Yes □ No

24. Do you have a website? If yes, please provide URL:  
   □ Yes □ No
   (a) Percentage of sales from the internet or e-commerce?  
   □ Yes □ No

25. What type of training do employees receive for safe food handling practices?  
   (a) How often are they required to attend training?  
   □ Yes □ No
   (b) What employees (positions) are required to attend?  
   □ Yes □ No

26. Are there any refrigerated or freezer areas? If Yes,  
   (a) Is there any exposed foam plastic insulation used (for example, cooler wall or ceiling insulation?)  
   □ Yes □ No
   (b) Is there a loss of refrigeration alarm?  
   □ Yes □ No
   (c) Is there a back up power supply for refrigeration?  
   □ Yes □ No
   (d) Is there a formal contingency plan for loss of power or refrigeration?  
   □ Yes □ No
   (e) Is there a formal maintenance and inspection program for all refrigeration?  
   □ Yes □ No

27. Do you utilize a deep fat fryer?  
   (a) What types of cooking oils are used? □ Animal □ Vegetable  
   □ Yes □ No
   (b) Is there a 16" separator between fryers and adjacent cooking?  
   □ Yes □ No

28. What type of fixed extinguishing system is in the kitchen for the cooking equipment?  
   □ Dry □ Wet □ Other
29. Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by a UL listed automatic fire suppression system?
   If yes, 
   (a) Is the fire suppression system professionally inspected and serviced at least every six months?
   (b) If yes, Name of Firm:   Date last serviced: _____ / _____ / _____
   (c) How often are exhaust systems, hoods, ducts and filters cleaned?
   (d) Is there a service /maintenance agreement in place for the protective systems?
   (e) Does the system automatically shut off all sources of fuel and heat to equipment protected by the suppression system (including electrically heated deep fat fryers)?
   (f) Does the system have a manual pull fuel shut-off valve readily accessible?

30. Is there any part of the operation that uses a controlled atmosphere for ripening or fumigation?
   If Yes, please describe:

31. Has your company implemented a formal Hazard Analysis and Critical Control Point (HACCP) program?
   ☐ Yes ☐ No

32. If you operate any retail establishments have you completed the Store Supplemental Application?
   ☐ Yes ☐ No

33. Please provide the following information regarding all products manufactured:

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<thead>
<tr>
<th>Product Manufactured</th>
<th>Application</th>
<th>Annual Number of Units</th>
<th>Annual Sales</th>
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Additional Comments: