

# 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. \_\_\_\_\_
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- (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  Smoke Detection
- Central Station (constantly monitored)  Heat Detection
- Burglar  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
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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

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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

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

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

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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

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20. Are written quality control records and testing procedures followed?  Yes  No

(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

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

24. Do you have a website?  Yes  No

If yes, please provide URL \_\_\_\_\_

(a) Percentage of sales from the internet or e-commerce? \_\_\_\_\_ %

25. What type of training do employees receive for safe food handling practices?

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(a) How often are they required to attend training? \_\_\_\_\_

(b) What employees (positions) are required to attend? \_\_\_\_\_

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26. Are there any refrigerated or freezer areas? If Yes,  Yes  No

(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?  Yes  No

(a) What types of cooking oils are used?  Animal  Vegetable

(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

Chemical                      Chemical                      (Describe)\_\_\_\_\_

29. Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by a UL listed automatic fire suppression system?  Yes  No

If yes,  Yes  No

(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?  Yes  No

(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)?  Yes  No

(f) Does the system have a manual pull fuel shut-off valve readily accessible?  Yes  No

30. Is there any part of the operation that uses a controlled atmosphere for ripening or fumigation?  Yes  No  
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:

Product Manufactured	Application	Annual Number of Units	Annual Sales

Additional Comments: