

**EXPERT® Food & Beverage
Processors
Questionnaire**
☐ New Business
☐ Renewal

Broker:	Broker Code:	Policy #:
Name and of Applicant / Insured:		
Postal Address Applicant / Insured:		
Does Insured have a web site? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide URL:		

If there is insufficient space for your response to any question, please attach separate sheets.

General Information

1. For each location provide the following:

Address	Occupation O - Owner / L - Lessee / T - Tenant	Operations at this Location (i.e. Manufacturing, Distribution, Sales Office, Warehouse)

2. Who is the current insurer? _____ Policy #: _____
 Current deductible: _____ Does this apply to Property Damage Claims only? ☐ Yes ☐ No
3. Has any similar insurance applied for or carried by the applicant/insured been declined or cancelled by any insurer within the last three years? ☐ Yes ☐ No If "Yes", provide details.
4. Year in which the business was first established: _____
 Current number of employees: _____
5. Is the applicant/Insured a member of any trade or other association for food processors? ☐ Yes ☐ No
 If "Yes", describe: _____

Operations

6. Provide a full description of all operations carried out by each of the Named Insureds. Please also include details on any dormant or inactive companies.

7. Please provide payroll and receipts figures for each separate operation in Canada.

Canadian Operations	Payroll - Past Year	Receipts - Past Year	Payroll - Next Year	Receipts - Next Year

8. Please provide payroll and receipts figures for each separate U.S. operation, U.S. subsidiary or related U.S. company.

U.S. Operations	Payroll - Past Year	Receipts - Past Year	Payroll - Next Year	Receipts - Next Year

Products

9. Applicant is: ☐ Manufacturer ☐ Distributor ☐ Manufacturer's Agent ☐ Other

a) List all Applicant's products and name of manufacturer (if insufficient space, attach complete product list).

Product	Manufactured by

b) Indicate final use of the products and whether or not there are foreign sales. If product is sold under a label other than Insured's own, indicate name on label.

Product	Final Use	Foreign Sales (Y/N)	Name on Label
		Y	
		Y	
		Y	
		Y	

10. Indicate areas of product distribution:

Canada ____% USA ____% Specify product and states: _____

Other ____% Specify products by country: _____

11. Are any of the above listed products or components of these products used by the applicant/insured manufactured outside Canada? ☐ Yes ☐ No If "Yes", provide full details. ☐ USA ☐ Other – specify: _____

12. If products are manufactured by others, does the applicant/insured package, label, alter or test the products in any way? ☐ Yes ☐ No If "Yes", provide full details. _____

13. Describe any contracts where the applicant/insured has agreed to hold harmless any individual or organization: _____

14. Has any product been discontinued, or has any product been recalled, during the last five years? ☐ Yes ☐ No If "Yes", provide reasons, dates, lists of products and areas of distribution: _____

15. Does the applicant/insured plan on introducing any new product(s) which will be marketed during the next 12 months? ☐ Yes ☐ No If "Yes", provide full details. _____

Quality Control

16. Are all raw materials tested? ☐ Yes ☐ No
If "Yes", describe the testing procedures. If "No", describe sampling procedures.

17. Are all finished products tested? ☐ Yes ☐ No
If "Yes", describe the testing procedures. If "No", describe sample procedures.
18. Describe the quality control measures and state to whom the Quality Control Manager is directly responsible:
19. Is applicant/insured HACCP certified? ☐ Yes ☐ No
If no, does applicant adhere to established HACCP-based quality control and risk management standards?
☐ Yes ☐ No
20. Do all product labels comply with applicable government requirements? ☐ Yes ☐ No
21. Are products certified to be free of certain specific allergens or ingredients (peanuts, wheat, milk, etc.)?
☐ Yes ☐ No If "Yes", describe allergen control program/program to prevent cross-contamination of product:
22. Are products labelled with a "best before" date? ☐ Yes ☐ No
23. How are unsold expired products disposed of?
24. What precautions are taken to prevent:
Spoilage due to loss of refrigeration?
Contamination of product by foreign materials?
Infestation of the premises by rodents or insects?
25. Has the applicant/insured been cited for violation of any health or safety standard during the past 5 years?
☐ Yes ☐ No If "Yes", provide details.

Documentation

26. Does the applicant/insured request proof of product liability insurance from suppliers of materials/components?
☐ Yes ☐ No If "Yes", indicate the minimum liability limit required: _____
27. Can similar materials/components be identified as to suppliers? ☐ Yes ☐ No
28. Are products labelled clearly to indicate contents, instructions for use, warnings of potential hazard and emergency actions? ☐ Yes ☐ No Attach copy of labels.
29. Are instructions provided to indicate correct use and other data relating to product safety? ☐ Yes ☐ No
30. Is the product clearly marked to indicate method for safe disposal of package container? ☐ Yes ☐ No
31. Are records maintained to verify the quality control program? ☐ Yes ☐ No
32. Are records available as to labelling, packaging and shipping instructions for all products? ☐ Yes ☐ No
33. Are records maintained of batches, lots, runs, etc., to enable identification of a particular group of products that may be found defective? ☐ Yes ☐ No
34. Are records kept of complaints and corrective action taken? ☐ Yes ☐ No

35. Does a product recall program exist? ☐ Yes ☐ No If "Yes", describe procedures.

Loss Experience

36. a) Describe all product-related losses, including paid, outstanding and expenses, for the last five years including any accidents, facts, circumstances or allegations which may give rise to a claim:

What action has been taken to eliminate future losses or incidents?

37. Have there been any incidents not yet reported to the insurer that may result in claims against the applicant/insured? ☐ Yes ☐ No If "Yes", provide details.

Supplementary Property Information

1. Age of building: _____
Was the building originally designed and built for this type of operation? ☐ Yes ☐ No

2. Describe refrigeration/cold storage facilities (type of system, type of insulation used)

Is any uncovered urethane foam insulation present? ☐ Yes ☐ No
Are any flammable refrigerants used? ☐ Yes ☐ No

3. Describe cooking facilities (type of system, fuel, etc.)

Is equipment fitted with non-resetting high temperature limit controls? ☐ Yes ☐ No
If deep fat frying is done, is an automatic fire suppression system conforming to ULC 1254.6 (UL 300) standards present? ☐ Yes ☐ No

4. Is any process used that generates grain or other dust? ☐ Yes ☐ No
If "Yes", describe measures to prevent explosion:

5. Are any fats and oils manufactured using solvent extraction or other flammable processes? ☐ Yes ☐ No
If "Yes", describe:

THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THE QUESTIONNAIRE AND THE INFORMATION CONTAINED IN DOCUMENTS SUBMITTED WITH IT ARE TRUE. SIGNING OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE QUESTIONNAIRE SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.

Signature of Applicant

Date