

RECALLRESPONSE® INSURANCE APPLICATION MEAT INDUSTRY (Canada)

ALL AMOUNTS STATED ARE IN CANADIAN DOLLARS.

1. NAME AND ADDRESS OF APPLICANT:					
Applicant and all subsidiary companies to be insured under this policy (attach additional pages as required):					
1.		3.			
2.		4.			
2. LIMITS OF LIABILITY (Combined Single Limit):					
Combined Single Limit Insured Event/aggregate		\$ _____ per	Deductible Combined Coverage A & B \$ _____		
3. DESCRIPTION OF OPERATIONS:					
Sales		Operations		Geographic Distribution	
1. Projected (next 12 mos.)	_____	Manufacturer / Processor	_____ %	Canada	_____ %
2. Current Year	_____	Distributor	_____ %	United States	_____ %
3. First Prior Year	_____	Importer	_____ %	United Kingdom	_____ %
4. Second Prior Year	_____	Wholesaler	_____ %	Europe	_____ %
		Retailer	_____ %	Australia	_____ %
		Other (describe):	_____ %	New Zealand	_____ %
				Other (list):	_____ %
Type of product					
Estimated sales (\$)		Shelf Life		Finished Product	
Ingredient Sold to Others					
Primal Cuts/Boxed	\$ _____	_____ % beef _____ % poultry _____ % pork		_____ %	_____ %
Ground Meat	\$ _____	_____ % beef _____ % poultry _____ % pork		_____ %	_____ %
Processed/ Ready To Eat Products	\$ _____	_____ % beef _____ % poultry _____ % pork		_____ %	_____ %
Other	\$ _____			_____ %	_____ %

4. DETAIL OF PLANTS/FACILITIES:

Plant/Facility Location	Production/ Process Lines	Type(s) of products	Lbs production per day	# of days per week operating
1.	1. 2. 3. 4.	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
2.	1. 2. 3. 4.	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
3.	1. 2. 3. 4.	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
4.	1. 2. 3. 4.	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

If the applicant is involved in slaughtering, please provide:

(a) How many locations are the cattle sourced from?

(b) Details about the cleaning of carcasses:

Animal Cleaning Chemical de-hairing at slaughter

Spot-cleaning of carcasses by knife-trimming or steam/hot water vacuuming;

Spraying / washing/rinsing of carcasses before evisceration and/or before chilling, with water, chemical solutions and/or steam or hot water

Other _____

5. QUALITY ASSURANCE:

Do you have a fully implemented Quality Management System? Yes No

How is the Quality Management System monitored?

Reports at management meetings

Internal audit program How often? _____

Consultant / third party audit How often? _____

Name of consultant firm:

Date of last visit:

Recommendations Yes No How many? _____

Please provide details of the recommendations.

Does the applicant employ food-processing technologies (i.e. pasteurization, ultra-high pressure processing, ultra violet radiation, irradiation)? If yes, please provide details:

How often does the applicant clean/sanitize the production lines and production plants (clean up to clean up)? Please provide details of methods used (e.g. "germ glo", black light, SPC):

How many full-time employees do you have dedicated to quality assurance?		
SUPPLIERS:		
What % of your product(s) are manufactured by outside suppliers? ____% Imported? ____%		
Process(es) in place to assess the ability of your suppliers to meet your product specifications:		
Written Application / Questionnaire	<input type="checkbox"/>	Periodic third party review or audit
Qualifying audit(s) by QMS staff or third party	<input type="checkbox"/>	Review of gov't or consultant inspection reports
Incoming product sampling	<input type="checkbox"/>	Liability / recall insurance certificates required
Certificate of analysis	<input type="checkbox"/>	What are the minimum limits required ?
Reference / legal review and checks	<input type="checkbox"/>	
Have you agreed to indemnify or hold harmless any suppliers of components of raw materials or any other party? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide details on separate sheet of paper.)		
Do all suppliers agree to indemnify and hold you harmless for problems with their materials? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide details on separate sheet of paper.)		
Contact to discuss Quality Management System and Customer Complaint Monitoring Systems:		
Name:	Title:	Phone:
PLEASE ATTACH AN OUTLINE OF YOUR QUALITY MANAGEMENT SYSTEM, AND YOUR HACCP SUMMARY PAGE		
6. REGULATORY COMPLIANCE:		
Has the applicant or any of their products, premises or processes been the subject of a complaint or compliance action by any governmental authority or regulatory agency? If yes, please provide details:		
Has there been conviction of violating the Meat Inspection Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
What was the last date of a governmental agency inspection?		
CF CFIA:	Provincial:	Municipal:
7. PACKAGING/LABELING/DISTRIBUTION:		
Is there a review process for labels? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who reviews labels? <input type="checkbox"/> Technical <input type="checkbox"/> Legal <input type="checkbox"/> Other:		
How often are labels reviewed? _____ Bar code label checks during processing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is tamper-evident or tamper-resistant packaging used? Please check all that apply: <input type="checkbox"/> blister packs <input type="checkbox"/> shrink wrapping <input type="checkbox"/> vacuum seals		
Packaging Description:		

8. PRODUCT TESTING:																
Type of test – Check when used:	Done before processing?	Done in-line?	Done end-line?	Done at critical control points?												
Visual																
X-ray / metal detector																
Micro-biological																
In house lab																
Outside lab																
Other (details please)																
How long does it take for test results to be returned?																
Do you release products for sale before test results are returned? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.																
How often are in-process or finished products subjected to microbiological testing? _____ What are the species tested for? _____ Are products ever subject to quarantine until they have passed the tests? _____																
9. RECALL PREPAREDNESS:																
Does applicant have an in-force: Recall Plan <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach). Date of last update? _____ Are mock drills conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last drill? _____ Crisis Management Plan <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach.) Date of last update? _____ Name and Title of person responsible for Recall and Crisis Plan:																
Traceability: Are all of your products batch coded? Can you identify your products by: <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 10px;">Batch</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Product name</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Producing facility</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Production shift</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Serial number</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Hour of production</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> To what level can you trace products handled, manufactured or produced by you once they have left your care, custody and control? How long are records of your products kept?					Batch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Product name	<input type="checkbox"/> Yes <input type="checkbox"/> No	Producing facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Production shift	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serial number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hour of production	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Hour of production	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Who can initiate a major product recall?																
Estimate the cost per pound to recall your leading brand:																
Maximum:	Average:	Minimum:														

10. INCIDENT HISTORY:
<p>Have you <u>ever</u> had any product recalls, withdrawals, or contamination?</p> <p>Please provide details, including the following information:</p> <ul style="list-style-type: none"> • Date of recall; • Type of product(s) recalled; • Number of lbs recalled; • Number of days relating to the period of contamination; • Total cost of recall showing split between recall costs, destruction costs, product replacement costs and gross profit and any further detail; • Recall Class 1, 2, or 3; and • What action has been taken to prevent similar recalls from happening?
<p>Please provide details of Product Liability losses in excess of \$100,000 in the last 5 years.</p>
<p>Have your products ever been subject to seizure or injunction by the CFIA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please provide a summary of product complaints for the past three years (attach separate sheet). To whom are such complaints routed?</p>
<p>Do you know of any actual or suspected accidental contamination involving any of your products during the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please attach details.)</p>
<p>Do you, your directors and officers, or any other person known to you have knowledge or information of any fact which may reasonably give rise to a claim under the proposed policy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please attach details.)</p>

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES TO THE BEST OF HIS OR HER ABILITY THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE.

NOTICE TO APPLICANTS:

This application does not bind the Applicant or the Company, but it is agreed that this application will be the basis of the contract, should a policy be issued, and it will be attached to, and made part of the policy. The Applicant undertakes to notify the Company immediately if the information supplied on this application changes between the date of this application and the time when the policy is issued.

DATE:	-----
Signature of Duly Authorized Representative :	-----
Name and Title of Duly Authorized Representative :	-----
Producer:	-----
License Number:	-----
Address:	-----

PLEASE RETURN TO:



**Lexington Insurance Company
100 Summer Street
Boston, MA 02110**