

**RECALLRESPONSE® INSURANCE APPLICATION
MEAT INDUSTRY
(U.S.)**

ALL AMOUNTS STATED ARE IN U.S. 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 | _____ % | United States _____ % |
| 2. Current Year | _____ | Distributor | _____ % | United Kingdom _____ % |
| 3. First Prior Year | _____ | Importer | _____ % | Europe _____ % |
| 4. Second Prior Year | _____ | Wholesaler | _____ % | Australia / _____ % |
| | | Retailer | _____ % | New Zealand _____ % |
| | | Other (describe): | _____ % | 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 | <input type="checkbox"/> |
| Qualifying audit(s) by QMS staff or third party | <input type="checkbox"/> | Review of gov't or consultant inspection reports | <input type="checkbox"/> |
| Incoming product sampling | <input type="checkbox"/> | Liability / recall insurance certificates required | <input type="checkbox"/> |
| Certificate of analysis | <input type="checkbox"/> | What are the minimum limits required ? | <input type="checkbox"/> |
| 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 any USDA suspension or inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: | | | |
| What was the last date of a governmental agency inspection? | | | |
| FDA: | USDA: | State: | Local: |
| PLEASE ATTACH COPY OF FDA 483 REPORT OR USDA NR (E.G., NON-COMPLIANCE RECORDS) | | | |
| 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</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Product name</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Producing facility</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Production shift</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Serial number</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Hour of production</td> <td><input type="checkbox"/> Yes</td> <td><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 |
| 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 | | | | | | | | | | | | | | | | | | | | |
| Who can initiate a major product recall? | | | | | | | | | | | | | | | | | | | | | | |
| Estimate the cost per pound to recall your leading brand: | | | | | | | | | | | | | | | | | | | | | | |
| Maximum: | Average: | Minimum: | | | | | | | | | | | | | | | | | | | | |

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Lexington Insurance Company

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

DATE: _____
Signature of Duly Authorized Representative : _____
Name and Title of Duly Authorized Representative : _____
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PLEASE RETURN TO:



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