



FOOD MANUFACTURING SUPPLEMENTAL QUESTIONNAIRE

Named Insured _____

Classify Operation

- | | |
|--|--|
| <input type="checkbox"/> Bakeries | <input type="checkbox"/> Honey Processing |
| <input type="checkbox"/> Candy or Confectionary Products | <input type="checkbox"/> Ice Cream and Frozen Desserts |
| <input type="checkbox"/> Cheese Manufacturing | <input type="checkbox"/> Pasta Manufacturing |

Section 1 – General Information

1. Please describe products manufactured and sold under the applicants' proprietary label or trademark:
2. Year business was started?
3. Year of present management control?
4. Does the applicant have a retail shop on premises? ☐ Yes ☐ No
If yes, what are the total annual receipts for this operation?
5. Are you a member of a local, state or national association? ☐ Yes ☐ No
If yes, please list the associations to which you belong:
6. Have you merged with or acquired any companies in the last three years? ☐ Yes ☐ No
If yes, provide details and advise how past liabilities were handled in the acquisition.

Section 2 – Property

1. Does the applicant have their own maintenance/janitorial staff? ☐ Yes ☐ No
2. Is smoking restricted or confined to designated areas and strictly enforced? ☐ Yes ☐ No
3. Is applicant compliant with NFPA 70 National Electrical Code Standards? ☐ Yes ☐ No
4. Are surge protectors and proper grounding used on all electrical equipment? ☐ Yes ☐ No
5. Is premises equipped with fire extinguishers and are they serviced annually? ☐ Yes ☐ No
6. Does the applicant have a routine schedule for thorough inspection and maintenance of all boilers and machinery? ☐ Yes ☐ No
If yes, who does the applicant use to service and inspect the equipment using a written service contract?
☐ Owned trained staff ☐ Licensed contractor ☐ Other
If other, explain
7. Are temperatures on all heat-generating equipment supervised by experienced operators while the equipment is in use? ☐ Yes ☐ No ☐ N/A
8. What type of refrigeration systems does the applicant use? (Check all that apply)
☐ Ammonia ☐ Chlorodifluoromethane (HCFC-22)
9. Is there any deep fat drying or grease laden vapors produced in the production process? ☐ Yes ☐ No
10. Is the applicant compliant with NFPA 96? ☐ Yes ☐ No

Section 3 – Premises/Operations

1. Do visitors have access to production areas? ☐ Yes ☐ No



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- If yes, are visitors required to wear safety equipment? ☐ Yes ☐ No
2. Does the plant have a safety video for visitors to watch prior to entering the manufacturing area? ☐ Yes ☐ No
3. What type of housekeeping program is in place?
☐ Formal Written ☐ Informal ☐ As Needed
4. Is there a rodent/pest control maintenance program in place? ☐ Yes ☐ No
5. Are freezer/refrigerator doors able to be unlocked from inside? ☐ Yes ☐ No

Section 4 – Products/Completed Operations

1. Do you have a Formal Quality Control Program? ☐ Yes ☐ No
If yes, provide details.
If no, how do you assure the quality of your products?
2. Is the applicant subject to federal or state inspection? ☐ Yes ☐ No
3. Does a qualified lab technicians test regularly for product contamination? ☐ Yes ☐ No
4. Are Certificates of Insurance obtained from major/critical suppliers? ☐ Yes ☐ No
5. Is Vendors Additional Insured coverage obtained from major/critical suppliers? ☐ Yes ☐ No
6. Are accurate records kept that can trace all ingredients? ☐ Yes ☐ No
7. Does the applicant import any products including ingredients? ☐ Yes ☐ No
Please explain what ingredients and where imported from:
- If yes, does the international supplier have a US presence? ☐ Yes ☐ No
8. Are accurate records kept that can trace all ingredients? ☐ Yes ☐ No
9. Has the applicant ever been investigated or cited by the FDA
or named in a Product Liability Lawsuit? ☐ Yes ☐ No
If yes, what was the cause?
10. Does the insured have a comprehensive allergen-control in place? ☐ Yes ☐ No
11. Are labels reflected to warn consumers of allergy risk? ☐ Yes ☐ No

Section 5 – Automobile

1. How does applicant ship or deliver their goods? ☐ Own Fleet ☐ Contract/Common Carrier
2. Does the applicant have a sales force that uses their own
automobiles in the business of the applicant? ☐ Yes ☐ No
If yes, does the applicant require minimum liability limits on the salesperson's
personal auto policy and obtain Certificates of Insurance annually from these individuals? ☐ Yes ☐ No

Section 6 – Class Specific Questions

Cheese

1. Does the applicant pasteurize raw milk at their plant? ☐ Yes ☐ No
2. Does the applicant operate a dairy farm? ☐ Yes ☐ No



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3. Does the applicant conduct testing of raw milk? ☐ Yes ☐ No ☐ N/A
4. Does the applicant test the finished product? ☐ Yes ☐ No

Pasta

1. What type of pasta does the insured manufacture? ☐ Dry ☐ Fresh ☐ Frozen
2. In addition to pasta manufacturing, does the applicant mill its own flour? ☐ Yes ☐ No
3. If yes, is a dust control systems in place? ☐ Yes ☐ No

Frozen Foods

1. Is all machinery thoroughly sanitized between batches of different products? ☐ Yes ☐ No