



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 frying 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?
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