

## PRODUCE GROWER - PACKER - SHIPPER SUPPLEMENTAL QUESTIONNAIRE

Applicant Name \_\_\_\_\_

Effective Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency # \_\_\_\_\_

- Please attach 5 Year Loss Runs
- Please attach ACORD Applications

### PRODUCT INFORMATION

1. List all Produce packaged and distributed:

2. Does the applicant follow Good Manufacturing Practices (GMP) as outlined by the U.S. Food & Drug Administration (FDA)?  Yes  No

3. Is Hazard Analysis Critical Control Points Program (HAACP) in place?  Yes  No

4. Is there a worker hygiene program in place?  Yes  No

**If Yes,** describe program or attach manual:

5. Are all products produced in compliance of all applicable FDA and State regulations?  Yes  No

6. How often is water used in washing and sanitation tested? \_\_\_\_\_

For contaminants? \_\_\_\_\_

Strength of sanitation washes? \_\_\_\_\_

7. Is there a housekeeping plan in place and followed for produce storage and produce handling equipment?  Yes  No

8. Are housekeeping and sanitation records maintained?  Yes  No

9. Do you keep records of the date each product was sold and to whom?  Yes  No

10. Are any quality control checks being performed on your products by your end customers?  Yes  No

11. Have any of your products been recalled?  Yes  No

**If Yes,** please explain:

12. Do you have a product recall plan in place?  Yes  No

13. Has any product been self-insured, uninsured, or excluded from previous insurance coverage?  Yes  No

14. List any products labeled as "Organic", "Natural", "Certified Organic", "Kosher", or "Non-GMO":

15. Are all labels, warnings and advertisements periodically reviewed by legal counsel?  Yes  No

16. Are there any Retail sales from insured premise?  Yes  No

**If Yes, please answer the following questions:**

What products are sold?

What are the total sales receipts from retail operations?

17. Are products of others sold from the insured location?  Yes  No

**If Yes,** does insured require additional insured status or a certificate of insurance from vendors?  Yes  No

## WORKER SAFETY

1. Are employees trained in food safety practices?  Yes  No

2. How frequently are employees required to attend food safety training?

3. Are there any controlled atmosphere storage areas?  Yes  No

**If Yes, please answer the following questions:**

Is the space posted as a confined space/permit required confined space?  Yes  No

Is there a controlled atmosphere program for monitoring oxygen levels and employee entry?  Yes  No

Does insured use Lockout/Tagout procedures when working on equipment?  Yes  No

## PROPERTY

1. Does the premises have a central alarm monitoring for both fire and burglary?  Yes  No

2. Do the structures have firewalls?  Yes  No

**If Yes,** please describe the location of any firewalls with the associated time rating of each wall and whether they are floor-to-ceiling and whether they are automatic:

3. Are buildings protected by an automatic sprinkler system?  Yes  No

**If Yes,** is the sprinkler system the entire building(s) or partial?  Entire Building(s)  Partial

Describe the water supply to the system:

4. List the number and distance of any fire hydrants around the premises:

5. How many miles to the nearest fire department: \_\_\_\_\_ miles

Is it:  Paid or  Volunteer

6. Is there any exposed cellular plastic insulation (i.e. expanded or foamed plastics)?

Yes  No

If Yes, is the insured willing to cover with an acceptable thermal barrier?

Yes  No

### BUSINESS INCOME INFORMATION

1. Is there a back-up generator on premises protecting against power outage?

Yes  No

If Yes, please answer the following questions:

How often is it tested? \_\_\_\_\_

Is it tested under load?

Yes  No

Is the test record maintained?

Yes  No

2. How long would the business be shut down if a catastrophic event occurred?

3. How long would it take to build a similar building or rent an equivalent building to continue operations?

4. Do you have any reciprocal agreements with other manufacturers to lower your business income loss in the event of an unexpected halt to your production?

Yes  No

5. Would any of the equipment be difficult to repair/replace in the event of a loss?

Yes  No

If Yes, please describe the equipment and the time needed to replace it:

6. Describe any production bottlenecks in place which would cause a large business income loss with only a minor property loss:

**The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify Ag Brokerage Solutions of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date