|  |  |
| --- | --- |
| Non-Durable Goods Wholesalers/DistributorsSupplemental Application |  |

# General information:

|  |  |
| --- | --- |
| Account name: | ►Enter account name |
| Website (if applicable): | ►Enter website address  |
| Brief description of operations: | ►Enter description of operations |
| Underwriting Company | ►Select an underwriting company |

Complete the following table for all products the insured currently wholesales:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product Distributed | Scope ofDistribution | Sales Network | Annual # ofUnits Sold | Annual $Sales |
| Enter product | Select scope: | Select network: |       |       |
| Enter product | Select scope: | Select network: |       |       |
| Enter product | Select scope: | Select network: |       |       |
| Enter product | Select scope: | Select network: |       |       |
| Enter product | Select scope: | Select network: |       |       |
| Enter product | Select scope: | Select network: |       |       |
| Enter product | Select scope: | Select network: |       |       |
| Enter product | Select scope: | Select network: |       |       |
| Enter product | Select scope: | Select network: |       |       |
| Enter product | Select scope: | Select network: |       |       |

| Safety Program: | Yes | No |
| --- | --- | --- |
| Do you employ a fulltime risk manager or safety director? |  |  |
| Do you have a written risk management / safety program? |  |  |
| Do you perform regular safety inspections / hazard assessments? |  |  |

| General Liability/Umbrella: | Yes | No |
| --- | --- | --- |
| Do you import any products? If yes:  |  |  |
| * What country(s) do they originate from?
 | ►List countries |  |  |
| * What products are imported?
 | ►List products |  |  |
| Do you private label any products? If yes: |  |  |
| * Which product(s) are private labeled?
 | ►List products and private label name |  |  |
| Do you assemble, repackage, or alter any products? If yes, please describe: |  |  |
| ►Enter description  |  |  |
| Do you service, install, or repair any of the products distributed? If yes, please describe: |  |  |
| ►Enter description |  |  |
| Are contracts in place with all suppliers using wording reviewed/approved by counsel? |  |  |
| Is a formal system in place to collect certificates of insurance annually from manufacturers and suppliers? |  |  |
| How often do you require your manufacturers/suppliers to list you as an Additional Insured Vendor on their insurance policy?  Always  Sometimes  Never |  |  |
| Are periodic written quality inspections conducted? |  |  |
| For perishables held for sale, is there an HACCP (Hazard Analysis Critical Control Point) program in place to maintain appropriate temperatures and prevent spoilage? |  |  |

| Product Recall: | Yes | No |
| --- | --- | --- |
| Do you have a designated product quality / product recall coordinator? |  |  |
| Do you have documented and tested product recall procedures in place? |  |  |
| Do you periodically perform mock recalls? If yes, please answer the following: |  |  |
| * Does plan involve all supply chain players in simulated recalls or withdrawals?
 |  |  |
| Do you keep the records (written/electronic) necessary to perform a product recall? |  |  |
| Are food incident response plans/procedures in place for all recalled products? |  |  |
| Have you had any prior product recalls? If yes, provide date(s) and brief explanation of claim(s) / recall(s) |  |  |
| ►Enter dates and explanations here |  |  |
| Do your recordkeeping procedures include maintaining of records that allow for tracing an alleged defective product back through to production? If yes: |  |  |
| * How many years are records retained? ►Enter years **Years**
 |  |  |

| Property: | Yes | No |
| --- | --- | --- |
| Are all flammable or combustible substances stored in approved rooms, metal containers and cabinets, or outside of the facility? If no, please describe how flammable / combustible substances are stored: |  |  |
| ►Enter description |  |  |
| Do you use ammonia refrigeration systems? If yes: |  |  |
| * Are adequate leak detection, exhaust devices and ventilation systems/controls in place?
 |  |  |
| * Where is the ammonia refrigeration system machinery located? ►Enter description
 |  |  |
| Do you use refrigerants or cold storage areas? If yes: |  |  |
| * Is there a regular and documented maintenance program?
 |  |  |
| Do you use metal halide lighting? If yes: |  |  |
| * Are the lights cycled off a minimum of once a week and are lights arranged so that they are not directly placed above any combustible stock or finished goods?
 |  |  |
| What type(s) of storage racks are used for storage of raw or finished product? |  |  |
| ►Enter description |  |  |
| What is the maximum height that raw or finished product will be stored at? | ►Enter height Feet |  |  |
| What is the minimum clearance between stored raw or finished product and the ceiling? | ►Enter clearance Feet |  |  |
| Where do you store idle or empty pallets? ►Enter location description |  |  |
| What is the maximum height that you stack idle or empty pallets? ►Enter height Feet |  |  |
| Pallets used in your facility are:  Wood  Plastic  Both |  |  |
| Is an equipment maintenance program in place? |  |  |
| Does your building have an automatic sprinkler system? If yes, please describe: |  |  |
| ►Enter a description |  |  |
| * How often is the sprinkler system serviced? ►Enter servicing schedule
 |  |  |
| Are any idle/empty pallets, raw materials or finished stock stored in the yard? If yes: |  |  |
| ►Describe / list the items stored |  |  |
| * What is the minimum distance from any structure? ►Enter distance Feet
 |  |  |
| * Describe any theft prevention measures in place:
 |  |  |
| ►Describe theft prevention measures |  |  |

| Auto: | Yes | No |
| --- | --- | --- |
| Do you provide any transportation / delivery of your products via a common or contract carrier? If yes, please provide a copy of the contract in place between you and carrier to review the insurance and risk transfer requirements. |  |  |
| Do you provide any transportation / delivery of your products via owned vehicles? If yes, describe radius, hours of delivery, average # of stops per day, etc: |  |  |
| * ►Describe radius, hours of delivery, average # of stops per day, etc.
 |  |  |
| Are GPS and/or telematics installed in all owned vehicles used for delivery? |  |  |
| Is there a cell phone / electronics restricted usage policy in place?  |  |  |
| Do you allow any personal use of company vehicles? If yes: |  |  |
| * Is there a written agreement in place between the company and employee that outlines what is considered acceptable personal use?
 |  |  |
| Is there a formal fleet safety program in place? |  |  |
| Is there a formal fleet vehicle maintenance program in place? |  |  |
| Are formal procedures in place for monitoring the MVR of employees with driving duties? If yes, please describe: |  |  |
| ►Describe MVR monitoring procedures |  |  |
| Are there set MVR criteria in place to determine when an employee is or is not eligible to drive? If yes, please describe: |  |  |
| ►Describe MVR criteria |  |  |

| Workers Compensation: | Yes | No |
| --- | --- | --- |
|  Is there a formalized (and bilingual when appropriate) training program in place for each job and piece of equipment, with written job descriptions including physical requirements? |  |  |
| Have you had any OSHA citations in the past 5 years? If yes, provide date(s), a brief explanation, and company response for each citation: |  |  |
| ►List dates, explanations, and company responses |  |  |
| Is training provided for forklift use and proper lifting techniques when appropriate? |  |  |
| Is health insurance provided for employees? |  |  |
| Do you have a formal return to work (RTW) program? |  |  |
| Do you have a formal drug testing program in place? |  |  |
| Do all employees receive formal training in the proper use and care of personal protective equipment (PPE)? |  |  |
| Are risk assessments completed for higher hazard machinery along with training for machine operators, set-up and maintenance personnel? |  |  |

# Additional comments:

►Enter any additional comments here

Applicant/Insured: ►Enter applicant/insured name

Signature:

Title: ►Enter signer’s title Date: ►Enter date of signature

Signature constitutes a representation that all information provided herein is accurate and complete. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the insurance company to issue the policy.

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