

Quaker Special Risk

a division of the Quaker Agency Inc.

MALICIOUS PRODUCT TAMPERING/ACCIDENTAL PRODUCT CONTAMINATION APPLICATION FORM

Name of Applicant: _____

Address of Applicant: _____

Description of Operations: _____

Products To Be Covered:

	<u>NAME</u>	<u>DESCRIPTION</u>	<u>ANNUAL SALES</u>	<u>PRETAX PROFIT</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Geographic Sales of Products:

Africa	_____ %	Europe	_____ %
Australia	_____ %	Far East	_____ %
Canada	_____ %	South America	_____ %
Central America	_____ %	United States	_____ %

Manufacturing Locations: _____

Name and Address of Existing Accountants: _____

Employee Census by County:

Country	Number	Country	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the Applicant experienced any strikes, riots, work stoppages or plant closings in the last 12 months? _____

Has the Applicant had any reports of unfair dismissal, wage disputes or health hazards? _____

Has the Applicant ever been a target of political , racial or environmental groups? _____

Does the Applicant use animal testing in its product research? _____

Please attach a copy of most recent Annual Report or financial statement.

Please attach a copy of most recent Crisis Management/Recall Plan.

Please attach details of any past Product Tampering, Product Extortion or Special Contingency incidents.

After inquiry does the applicant, its directors or officers or any other known person have knowledge or information of any current situation or circumstance which might lead to a claim under the proposed insurance? _____

Limit of Liability Requested: _____

THE UNDERSIGNED AUTHORIZED CORPORATE OFFICER OF THE APPLICANT DECLARES TO THE BEST OF THEIR KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE AND NO INFORMATION HAS BEEN WITHHELD.

Signed: _____

Title: _____

Date: _____

