

VITAMINS, SUPPLEMENTS, & NUTRACEUTICALS INSURANCE APPLICATION

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response on a separate sheet and attach to this application. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1. Please complete the following:
 Applicant company: _____
 Contact Name: _____
 Business Premise Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email: _____ Website: _____
2. Please state when your company was established (month/day/year): _____
3. Please state the number of employees: Full-time: _____ Part-time: _____ FEIN#: _____
4. Applicant is a: Corporation Partnership Sole Proprietorship LLC Other: _____
5. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? Yes No
 If yes, please provide details: _____

SECTION 2: SPECIFIED PRODUCTS AND COMPLETED OPERATIONS

1. Provide the following information for those products and/or services the Applicant wants coverage for. Only those products and services listed below will be considered for coverage.

Key: M: manufacturer W: wholesaler R: retailer I: importer MR: manufacturer's rep.

C: consumer direct O: other (describe)

Products	Applicant Acts as a(n)	No. of Years	% of Gross Receipts	Products sold to:

2. Total gross receipts from all products and services listed above:
 - a. Estimated annual gross receipts for the coming year: \$ _____



b. Annual gross receipts: Last 12 Months: \$_____ Prior Year: \$_____

3. Is the Applicant presently considering any change in the mix of products, including adding new products or services for the coming year? Yes No
If yes, please provide details: _____

4. Has the Applicant discontinued or is it considering discontinuing any product or service listed above? Yes No
If yes, please provide details: _____

SECTION 3: PROCESSING AND QUALITY CONTROL

1. Do any products or ingredients or components thereof originate from outside of the United States? Yes No

If yes, please specify:

a. The country(ies) of origin: _____

b. The name of each organization manufacturer, distributor, or supplier: _____

2. Do others manufacture or package products under the Applicant's name or label? Yes No
If yes, please provide the name(s) and address(es) of contract manufacturer(s): _____

3. Does the Applicant manufacture or package products for others under their name or label? Yes No
If yes, please explain: _____

4. Does the Applicant have a quality control and testing procedure? Yes No
If yes, how long does the Applicant keep quality control and testing records? _____

5. Do you comply with Good Manufacturing Practices (GMP)? Yes No
If you are a distributor, do you require your contract manufacturer to comply with GMP? Yes No

6. Do all records show to whom and the date each product was sold? Yes No

7. Does the Applicant require certificates of insurance evidencing Products Liability Insurance from suppliers? Yes No

8. Who designs the Applicant's products? _____

9. Are product designs reviewed, tested and verified by others? Yes No

10. Do you have any past, present, or planned association with any of the following? (mark all that apply)

<input type="checkbox"/>	Germander
<input type="checkbox"/>	Yohimbe
<input type="checkbox"/>	Gamma Hydroxy Butrate (GHB); Gamma Butyrate (GBL); 1,4 Butanediol (BD)
<input type="checkbox"/>	Aristolochia spp., Aristolochia, Aristolochic acids, Aristolochia fangchi, Aristolochia spp., Asarum [] spp., Bragantia spp., Clematis spp., Akebia spp., Cocculus spp., Diploclisia spp., Menispermum spp., Sinomenium spp., Mu Tong, Fang ji, Guang fang ji, Fang Chi, Kan-Mokutsu, Mokutsu and any adulterated botanicals, botanical derivatives or other products that contain aristolochic acid, aristolochic acid derivatives or aristolochic acid extracts.
<input type="checkbox"/>	Lobelia
<input type="checkbox"/>	Jin Bu haun
<input type="checkbox"/>	Ephedra sinica, Ephedra. E. equisetina, Mahuang, Ephedra Alkaloid, Pseudoephedrine, Ephedrine or any other Ephedra derivatives or extracts.
<input type="checkbox"/>	Stephania, Stephania spp, or any adulterated botanicals, botanical derivatives or any other products that contain Stephania , or any Stephania derivatives or extracts.



Magnolia, or any adulterated botanicals, botanical derivatives or any other products that contain Magnolia, or any Magnolia derivatives or extracts.
Kava, ava, ava pepper, awa, kava root, kava-kava, kawa, Piper methysticum Forst. f, Piper Methysticum G. Forst, rauschpfeffer, intoxicating pepper, kava kava, kava pepper, kawa kawa, kawa-kawa, kew, Piper methysticum, sakau, wurzelstock, yangona.
Chaparral Comfrey (Pyrrolizidine Alkaloids)
DMAA, 1,3-Dimethylamylamine, Dimethylamylamine, Methylhexanamine
Glyburide, unla beled glyburide, Liqiang 1, Liqiang 4, Liqiang Xiao Ling
Liqiang Xiao Ke Ling (Liqiang Thirst Quenching Efficacious)
Animal tissue in any form including glands, and/or extracts
Fenfluramine
Glyburide
Herbal Ecstasy
Herbal Phen-Fen
L-tryptophan
Ma Huang
Redux
Bitter Orange (Citrus Aurantium)
Any derivatives of any of the above ingredients. If so please list. _____

11. Please list all of your products that include any of these ingredients checked off; attach product labels for each product listed below, and your total projected sales for each of these products. (Attach separate sheet if necessary.) _____

12. Do any products contain steroids or steroid-like substances, or claim to increase testosterone? Yes No
 If yes, please provide details: _____

13. Do you promote any of your herbal products for use in children? Yes No
14. Do you provide any products for use in pre-natal or post-natal care? Yes No
15. Do any of your dietary supplements carry USP (United States Pharmacopeia) or NF (National Formulary) seal on the label? Yes No
16. Does the Applicant have a specific program to withdraw known or suspected defective products from the market? Yes No
17. Has the Applicant ever recalled or is it considering recalling any product? Yes No
 If yes, please explain: _____

18. Have any of the Applicant's products or ingredients or components thereof ever been the subject of any investigation, enforcement action, or notice of violation of any kind by any governmental, quasi-governmental, administrative, regulatory or oversight body? Yes No
 If yes, please provide details: _____

SECTION 4: INSURANCE INFORMATION

1. Limits of Liability requested: _____
 Deductible: _____
The company does not guarantee to offer any of the above limits and/or deductibles.
2. Provide the following for present Product Liability insurance. If none, check here:



Insurance Company	Limits of Liability	Deductible /SIR	Premium	Expiration Date (MM/DD/YYYY)	Retroactive/ Prior Acts Date

3. Has any insurer declined, canceled, or nonrenewed any Product Liability insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance? Yes No
 If yes, please provide details: _____

SECTION 5: CLAIM HISTORY

1. Has any claim for Product Liability been made against any person(s) or organization(s) proposed for this insurance during the last 5 years? Yes No
 If yes, provide 5 year loss history for all claims, including any predecessor. Attach a description of any loss greater than \$5,000.

Year	Number of Claims	Total Amounts Paid	Amount Reserved	Total Incurred	Date of Loss Info.

2. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, incident, circumstance, situation, defect or suspected defect which may result in a Products Liability claim? Yes No
 If yes, please provide details: _____

SECTION 6: EXCLUDED PRODUCTS/INGREDIENTS

It is agreed there is no coverage afforded under this certificate for the following product(s). Derivatives or related botanicals and or extracts whether as a primary ingredient or in combination with other ingredients:

Any product, supplement or additive determined by the United States food and drug administration at any time to be a "class i health hazard." Class i. Health Hazard means a product presenting a reasonable probability that the use of or exposure to it will cause serious adverse health consequences or death.

Anabolic-Androgenic Seroids, Anabolic Steroids	GB; 1, 4 Butanediol
Androstenedione	Germander
Aristolochic Acid	Glibenclamide, Glyburide, Liqiang 4
Chaparral Comfrey (Pyrrolizidine Alkaloids)	Jin Bu huan
DMAA, 1,3-Dimethylamylamine, Methylhexanamine	Kava, ava, kava-kava and related derivatives
Ephedra, Mahuang and Psuedoephedrine	Lobelia
Ephedra/ephedrine Alkaloids	Pennyroyal Oil
Fenfluramine	Stephania, or any adulterated botanicals



GHB, GHV (γ-Hydroxybutyric acid)	Yohimbe
GVL (gamma-valerolactone)	

PLEASE INITIAL CONFIRMING THAT YOU HAVE READ AND UNDERSTAND THE PRODUCTS LISTED ABOVE ARE EXCLUDED.

SECTION 7: POLLUTION LEGAL LIABILITY

- Are business operations operated out of a personal residence? Yes No
- Are you currently aware of any environmental conditions which could reasonably be expected to give rise to a claim? Yes No
If yes, please describe: _____
- Are there any above ground or underground storage tanks of capacity greater than 250 gallons located on the premises? Yes No
If yes, please attach Tank schedule.
If yes, do these tanks meet EPA 1998 upgrade requirements? Yes No
- Are any goods, products, or materials that are stored or used for any purpose at the insured location classified as being of a flammable, combustible or explosive nature? Yes No
If yes, please provide a listing of all goods, products or materials with a description as to how stored any fire and/or spill prevention procedures and control measures (i.e., sprinkler system) in place below: _____
- Has the Applicant during the last 5 years been cited and/or prosecuted for contravention or violation of any standard or law relating to any release from your premises of any substance into sewers, rivers, seas, air or onto land? Yes No
If yes, please describe: _____

SECTION 8: ADDITIONAL INFORMATION

As part of this Application attach the following: Brochures; Labels; and Instructions.

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance or situation indicating the probability of a Claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any Claim subsequently emanating there from shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. Beazley Group plc. or the Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which Beazley Group plc. receives notice is on file with Beazley Group plc. and is considered physically attached to and part of the policy if issued. Beazley Group plc. and the Company will have relied upon this application and all such attachments in issuing the policy.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Beazley Group plc, who may modify or withdraw any outstanding quotation or agreement to bind coverage.



The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that:

1. the policy for which this application is made applies only to "Claims" first made during the "Policy Period";
2. unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy; and
3. unless amended by endorsement, "Claim Expenses" shall be applied against the "Deductible."

WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Beazley Group plc.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalty

Signatures:

Date: _____

Applicant:

Signature

Print Name

Title

PROPERTY INSURANCE APPLICATION

Complete One Per Location

Insured Information:

Insured Name:					
Mailing Address:					
City:		State:		ZIP:	
County:		Number of Years in Business:		Web:	
E-Mail:		Work:		Cell:	Fax:
Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC					

Physical Location, if different from above:

Address:		
City:	State:	ZIP:

Underwriting Information:

Construction Type: <input type="checkbox"/> Frame/Brick Veneer <input type="checkbox"/> Masonry <input type="checkbox"/> Metal	Yr. Built:	# Stories:	Square Footage:		
<i>If over 25 yrs. old provide year of updates for:</i> Heating: Electrical: Roof: Plumbing:					
Distance from Fire Station: Miles		Distance from Fire Hydrant: Feet			
Is the building Sprinklered (Fire Suppression System):? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what percentage: %					
Do you have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", what type?</i> <input type="checkbox"/> Local Gong <input type="checkbox"/> Central Station: <input type="checkbox"/> Fire and/or <input type="checkbox"/> Burglar					
Is property located within 5 Miles of any coast? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Coverage Information: Requested Effective Date: / /

Subject of Insurance	Limit of Insurance	Deductible	Policy Form	Co-Insurance	Valuation
Building – If Owned			Special	90%	RC
Business Personal Property			Special	90%	RC
Business Income			Special	90%	RC

Lein Holders/Mortgageholders:

Name of Lein Holder/Additional Insured	Address	Relationship

Prior Carrier/Claims:

Current Insurance Carrier:		Number of Yrs. Insured:	
Expiring Premium:	Have you had any claims in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "Yes", please provide the following information:			
Date of Claim	Description		Amount of Loss

Signatures:

Insured Signature:	Title:
Printed Name:	Date: