



## Beazley NutraGuard™ Claims Made Insurance Policy Application

**NOTICE: PART OR ALL OF THE POLICY FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE BASIS, WHICH MEANS THAT THE POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THIS POLICY CAREFULLY.**

1. Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print N/A in the space. *Any question left unanswered will be interpreted as a confirmation by applicant that it does not apply.*
2. If additional space is needed to answer any question fully, please attach a separate page.
3. This application will be attached to and made part of any policy issued.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Loss History for the last TEN years. The loss run should be updated within the last 30 days and include a breakdown of total incurred losses (paid and reserves for both indemnity and expense), and a description of all losses, whether paid or outstanding.
2. Most recent AUDITED financial statements.
3. Copies of all product labels, if not clearly visible on applicant's website.

### 1. GENERAL INFORMATION

#### a) Applicant Information

<b>Applicant's Name and Address:</b>	
<b>Mailing Address: (if different from above)</b>	
<b>Applicant's Web Address:</b>	
<b>Contact Name and Title:</b>	
<b>Contact Phone Number and email:</b>	
<b>Applicant is (please check one):</b>	Business Organization:  <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation

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	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Publicly Traded (Exchange: _____) <input type="checkbox"/> Other _____
<b>Applicant's Business Operations</b>	
<b>Years in Business</b>	
<b>Parent Company</b>	
<b>Please list all mergers or acquisitions within the last 6 years</b>	
<b>Does applicant have any plans for any mergers, acquisitions or consolidations in the next 12 months?</b>	
<b>Please list all requested Additional Insureds with their relationship</b>	
<b>Please list all subsidiaries and owned entities of applicant, and attach an entity organizational relationship chart</b>	

b) Broker Contact Information:

<b>Name:</b>	
<b>Firm:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	

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c) Financial Information – please provide the following:

	Current Fiscal Year	Prior Fiscal Year
<b>Current Assets</b>		
<b>Total Assets</b>		
<b>Net Assets/Equity</b>		
<b>Long Term Debt</b>		
<b>Gross Annual Revenues</b>		
<b>Net Revenues/Income</b>		
<b>Total Cash and Cash Equivalents</b>		

d) Gross Receipts Sales History:

Projected next 12 months	Past 12 months	1 <sup>st</sup> Year prior	2 <sup>nd</sup> Year prior	3 <sup>rd</sup> Year prior

e) Number of employees: \_\_\_\_\_

f) Is applicant a member of any trade organization?

Yes  No Please check all that apply:

AHPA  ABC  NPA  UNPA  AAHP  Other

g) Does applicant plan on hosting any fund raisers or special events where alcoholic beverages will be served? If so, please provide a list of planned events and approximate number of attendees.

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### 2. PRODUCTS PROFILE:

a) Please confirm the products provided by applicant with the approximate percentage of projected annual revenue:

Product	Yes	No	Projected annual sales for next year
Does applicant have any past, present or planned association with any of the following:			
1,3 Dimethylamylamine (DMAA)			
1,3-dimethylbutylamine, AMP Citrate (DMBA)			
Aconite			
Androsteredione			
Aristolochic acid			
Bitter orange/ Synephrine			
Chaparral			
Colloidal silver			
Comfrey			
Cosmetics			
Dendrobium			
Ephedra/ephedrine			
Germander			
Jin Bu Huan			
Kava/kava-kava			
Lobelia			
Over-The-Counter drugs (OTC)			
Pennyroyal Oil			
Prescription drugs			
R-Beta-Methylphenylethylamine/			

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<u>N-Methyl-Beta-Methylphenylethylamine (PEA)</u>			
Stephania			
Tiratricol			
Yohimbe			
Any other substance, ingredient or product that does not qualify as a dietary supplement under DSHEA			

- b) Do any of applicant's dietary supplements have the following certifications or verifications:  
 Yes  No

Please check all that apply:

NSF  Kosher  Organic  Non-GMO  Other

- c) Do any of applicant's products contain an active ingredient that would be defined as a drug by the FDA?  Yes  No Details \_\_\_\_\_

- d) Does applicant promote any products to cause weight gain, weight loss, muscle enhancement, sports nutrition or sexual enhancement?  Yes  No  
 If yes, annual sales \$ \_\_\_\_\_

- e) Are any of applicant's products intended for use in animals?  
 Yes  No If yes, annual sales for pets \$ \_\_\_\_\_; livestock \$ \_\_\_\_\_

- f) Please list the top five products (by sales) provided by applicant:

Product	Use	Number of Years on Market	Annual Gross Receipts

- g) Does applicant anticipate making any significant changes in the services/products provided within the next 12 months?  Yes  No  
 Details \_\_\_\_\_

- h) Have any products been discontinued?

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Yes  No If yes, please list with the reason for discontinuation and relevant date:

Product	Reason for Discontinuation	Date

### 3. RAW MATERIALS

a) Does applicant import any ingredients or products?  
 Yes  No If yes, please include country of origin and percentage of material:

Ingredient/Product	Country of Origin	Percentage of Material

b) Does applicant test raw materials for product integrity, purity and quality?  
 Yes  No If yes, In-house  Contract Out

c) Does applicant receive certificates of analysis from suppliers?  Yes  No

d) Does applicant consistently use the same suppliers?  Yes  No

### 4. MANUFACTURING

a) Does applicant manufacture or package products under its own name or label?  
 Yes  No

b) Does applicant manufacture or package products for others under its name or label?  
 Yes  No If yes, please list 5 largest clients, products and sales:

Client	Product Name	Annual Sales

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c) Is applicant responsible for formulating any products?  
 Yes  No If yes, what percentage? \_\_\_\_\_%

d) Are applicant's formulas reviewed, tested and verified by independent third parties?  
 Yes  No

Does applicant obtain all raw materials or other ingredients from domestic suppliers?

Yes  No

e) Does applicant require certificates of products liability insurance from all of its suppliers?  
 Yes  No If yes, what minimum limits of liability are required? US\$ \_\_\_\_\_

f) Are applicant's finished products tested?  Yes  No

### 5. DISTRIBUTION

a) Does applicant distribute any products under its own label or brand?  Yes  No

b) Do others manufacture or package products for applicant under applicant's own name or label?  
 Yes  No If yes, please list 5 largest contract manufacturers, products and sales:

Contract Manufacturer	Product Name	Annual Sales

c) If contract manufacturers are used, does applicant perform any repackaging or relabeling?  
 Yes  No

d) Does applicant have a formal written agreement with each contract manufacturer?  
 Yes  No If yes, please submit copy of standard contract.

e) Does applicant obtain certificates of insurance from all manufacturers/suppliers evidencing Product Liability insurance?  Yes  No  
 If yes, what are the minimum limits of liability required?  
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- f) Does applicant have a contractual agreement with its manufacturers/suppliers that allows applicant to tender claims directly to them?  Yes  No
- g) Is applicant a multi-level marketing organization?  Yes  No  
How does applicant distribute its products?

Outlet	%
Internet	
Wholesale	
Retail	
Number of retail locations	

### 6. RISK MANAGEMENT, CLAIMS HANDLING & LOSS CONTROL

- a) Does applicant have a Quality Control/Quality Assurance (QC/QA) Department?  
 Yes  No
- b) Has applicant voluntarily or involuntarily recalled, or is applicant considering recalling, any known or suspected defective products from the market?  Yes  No
- c) Are serial and/or batch numbers identified on the finished products and on shipment records?  
 Yes  No
- d) Are any of applicant's manufactured or distributed products currently involved in clinical research on human subjects?  Yes  No
- e) Does applicant maintain the following records:

Where and when its product was manufactured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formulas are reviewed, tested and verified by outside laboratories	<input type="checkbox"/> Yes <input type="checkbox"/> No
To whom its product was sold and the date of sale	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who supplied the ingredients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any changes in formula	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any changes in applicant's advertising material	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Formal written quality control and testing procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long are records kept?	_____ years
<b>Are there written Standard Operating Procedures (SOPs) for the following:</b>	
Product Withdrawal/Recall	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adverse Event Reporting (AERs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Complaints	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internal Auditing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplier Qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onsite Audit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sample Retention Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No

f) Does an attorney review all contracts or agreements including changes prior to use?  
 Yes  No

g) Does applicant accept credit cards?  Yes  No

If yes, is applicant compliant with applicable data security standards issued by financial institutions with which the Applicant transacts business (e.g. PCI standards)?  Yes  No

h) Does applicant encrypt data stored on laptop computers and portable media?  Yes  No

i) Has applicant suffered any known intrusions (i.e. unauthorized access) of its Computer Systems in the most recent past thirty-six (36) months?  Yes  No

### 7. REGULATORY

a) Do all of applicant's product labels and advertising conform to FDA and FTC regulations?  
 Yes  No

b) Do the labels provide all appropriate warnings and safety information, together with known side effects?  Yes  No

c) Do all of applicant's product labels indicate that the FDA has not evaluated them?  
 Yes  No

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- d) What steps are taken to ensure that applicant's products are manufactured under good manufacturing practices (GMP)?

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- e) Have applicant's facilities ever been inspected by the FDA?  Yes  No  
 If yes, has applicant ever received a FDA Form 483?  Yes  No  
 Please provide a copy of any 483s and responses within the last 5 years.

- f) Have any of applicant's products and ingredients ever been defined as a drug by the FDA?  
 Yes  No  
 If yes, please provide names and type of drugs:

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- g) How many adverse events have been reported to applicant and/or the FDA concerning its products in the last 5 years? \_\_\_\_\_  
 Please provide copies of all adverse incident reports within the past 3 years.

- h) Has applicant received any warning letters or reports of deficiencies from the FDA, FTC or any equivalent agency?  Yes  No Please provide copies of all correspondence.

### 8. COVERAGE HISTORY

- a) Please provide details of product/general liability coverage purchased in the last five (5) years to date:

Policy Period	Carrier	Limits	Retention	Premium	CM or Occ

- b) Has applicant's insurance ever been cancelled or non-renewed?  
 Yes  No If Yes, please list the reasons for each such cancellation separately

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### 9. COVERAGE REQUESTED

Coverage:	Limits	Deductible	Retroactive Date
Products Liability			
General Liability			
Professional Liability (Bodily Injury)			
Errors & Omissions (Financial Loss)			
Employee Benefits Liability			
Hired Non-Owned Auto			
Product Recall Expense			
Cyber/Privacy			

### 10. LOSS HISTORY

- a) Has any claim for products liability, general liability including advertising liability or any other ancillary GL coverage, been made against any person(s) or organization(s) proposed for this insurance?  
 Yes  No

If yes, how many claims? \_\_\_\_\_ (please include currently valued loss runs)

- b) Please provide details of applicant's total aggregate losses, from the 1<sup>st</sup> dollar, including expenses:

Carrier	Policy Year	Number of claims	Total Indemnity Incurred	Total Expense Incurred

- c) Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a claim against applicant?  Yes  No

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL ATTACHMENTS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE INCLUDING ANY ATTACHMENT AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

WARNING ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurer to defraud or attempt to defraud the insurer. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurer or agent of an insurer who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines and an insurer may deny insurance benefits if false information materially related to a claim made by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

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LOUISIANA AND MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurer to defraud the insurer. Penalties may include imprisonment, fines or denial of insurance benefits.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: 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 such person to criminal and civil penalties.

NEW YORK AND KENTUCKY: Any person who knowingly and with intent to defraud an insurer or other person files an application for insurance or statement of claims 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. New York applicants are subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. Pennsylvania applicants are subject to criminal and civil penalties.

Signed\*: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

(Owner, Partner, Authorized Officer)

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Printed Name: \_\_\_\_\_

Florida Agent's License Number: \_\_\_\_\_

Agent's Signature\*: \_\_\_\_\_

\*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance - Producer