

Beazley | NutraGuard™

beazley



# Beazley NutraGuard™

**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 OR THE OPTIONAL EXTENDED REPORTING PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY. ANSWER ALL QUESTIONS COMPLETELY. UNANSWERED QUESTIONS WILL BE INTERPRETED AS HAVING BEEN MARKED “NOT APPLICABLE” BY APPLICANT. IF ADDITIONAL SPACE IS NEEDED TO ANSWER ANY QUESTION FULLY, PLEASE ATTACH A SEPARATE PAGE. 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.

## Section 1. Applicant/Broker 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:  Partnership                      Limited Liability Corporation

	Individual Corporation Joint Venture Publicly Traded (Exchange: ) 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>	

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) Revenue History:

	Canada	U.S.	Rest of World	Total
Projected				
Last year				
1st Prior				
2nd Prior				
3rd Prior				

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

f) Is applicant a member of any trade organization?

Yes No N/A

If 'Yes', what trade organization(s)

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.

## Section 2. Coverage information

a) Coverage effective dates: From: (mm/dd/yyyy) / / To: (mm/dd/yyyy) / /

b) Prior insurance history: Check here if no prior coverage:  New

Year	Coverage	Carrier	Limits	Deductible	Premium

c) Has applicant's insurance ever been cancelled or non-renewed?

Yes No N/A If Yes, please list the reasons for each such cancellation separately

d) Policy limits/Deductible/Retroactive dates request

	Limits	Deductible	Retroactive date
Products/Completed Operations Liability			
Bodily Injury or Property Damage Liability			
Personal Injury or Advertising Injury Liability			
Tenants' Legal Liability			
Employee Benefits Liability			
Medical Expenses			
Products Recall Expense			

## Section 3. 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), methylhexanamine			
1,3-dimethylbutylamine citrate, AMP Citrate (DMBA), 1,3-dimethylbutylamine HCL, methylpentanamine			
Aconite, Higenamine			
Aegeline			
Androstenedione			
Aristolochic acid			
Bitter orange/ Synephrine			
BMPEA, B-Methylphenethylamine, Acacia rigidula			
Chaparral			
Colloidal silver			
Comfrey (Pyrrolizidine alkaloids)			
Cosmetics			
Dendrobium			
Ephedra, Ma Huang, Psuedoephedrine and Ephedra/ephedrine Alkaloids			
Germander			
Green tea, green tea extract and related derivatives			
Jin Bu Huan			
Kava/kava-kava and related derivatives			
Kratom, mitrgynine, 7-hydroxymitragynine			
Lobelia			
Over-The-Counter drugs (OTC)			

Pennyroyal Oil			
Picamilon, pikatropin, pikamilon, nicotiny- gamma-aminobutyric acid, nicotiny-GAB			
Prescription drugs			
R-Beta-Methylphenylethylamine/			
N-Methyl-Beta-Methylphenylethylamine (PEA)			
Stephania			
Vinpocetine, Cavinton, Intelectol, ethyl apovincamate			
Yohimbe, Yohimbe Bark, Yohimbine			
Any other substance, ingredient or product that does not qualify as a dietary supplement or Licensed Natural Health Product under Health Canada regulations			

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

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 Health  
Canada/FDA?    Yes    No    N/A    Details \_\_\_\_\_

d) Does applicant promote any products to cause weight gain, weight loss, muscle enhancement, sports  
nutrition or sexual enhancement?    Yes    No    N/A

If yes, annual sales \$ \_\_\_\_\_

e) Are any of applicant's products intended for use in animals?  
 Yes    No    N/A    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 N/A

Details \_\_\_\_\_

- h) Have any products been discontinued? Yes No N/A If yes, please list with the reason for discontinuation and relevant date:

Product	Reason for Discontinuation	Date

## Section 4. Raw materials

- a) Does applicant import any ingredients or products? Yes No N/A 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 N/A  
If yes, In-house Contract Out

- c) Does applicant receive certificates of analysis from suppliers? Yes No N/A

- d) Does applicant consistently use the same suppliers? Yes No N/A

## Section 5. Manufacturing

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

- b) Does applicant manufacture or package products for others under its name or label? Yes No N/A

If yes, please list 4 largest clients, products and sales:

Client	Product Name	Annual Sales




- c) Is applicant responsible for formulating any products? Yes No N/A  
 If yes, what percentage? \_\_\_\_\_%
- d) Are applicant's formulas reviewed, tested and verified by independent third parties? Yes No N/A
- e) Does applicant require certificates of products liability insurance from all of its suppliers? Yes No N/A  
 If yes, what minimum limits of liability are required? \$ \_\_\_\_\_  
 If yes, is additional insured status required? Yes No N/A
- f) Are applicant's finished products tested? Yes No N/A

## Section 6. Distribution

- a) Does applicant distribute any products under its own label or brand? Yes No N/A
- b) Do others manufacture or package products for applicant under applicant's own name or label? Yes No N/A  
 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 N/A
- d) Does applicant have a formal written agreement with each contract manufacturer? Yes No N/A  
 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 N/A

If yes, what are the minimum limits of liability required?

---

f) Does applicant have a contractual agreement with its manufacturers/suppliers that allows applicant to tender claims directly to them? Yes No N/A

g) Is applicant a multi-level marketing organization? Yes No N/A

How does applicant distribute its products?

Outlet	%
Internet	
Wholesale	
Retail	
Number of retail locations	

## Section 7. Risk management, claims handling & loss control

a) Does applicant have a Quality Control/Quality Assurance (QC/QA) Department? Yes No N/A

b) Has applicant voluntarily or involuntarily recalled, or is applicant considering recalling, any known or suspected defective products from the market? Yes No N/A

c) Are serial and/or batch numbers identified on the finished products and on shipment records? Yes No N/A

d) Are any of applicant's manufactured or distributed products currently involved in clinical research on human subjects? Yes No N/A

e) Does applicant maintain the following records:

Where and when its product was manufactured	Yes	No	N/A
Formulas are reviewed, tested and verified by outside laboratories	Yes	No	N/A
To whom its product was sold and the date of sale	Yes	No	N/A
Who supplied the ingredients	Yes	No	N/A
Any changes in formula	Yes	No	N/A

Any changes in applicant's advertising material	Yes	No	N/A
Formal written quality control and testing procedures	Yes	No	N/A
How long are records kept?	_____ years		
<b>Are there written Standard Operating Procedures (SOPs) for the following:</b>			
Product Withdrawal/Recall	Yes	No	N/A
Adverse Event Reporting (AERs)	Yes	No	N/A
Customer Complaints	Yes	No	N/A
Internal Auditing	Yes	No	N/A
Supplier Qualification	Yes	No	N/A
Onsite Audit	Yes	No	N/A
Sample Retention Policy	Yes	No	N/A

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

## Section 8. Regulatory

a) Do all of applicant's product labels and advertising conform to Health Canada, FDA and FTC regulations, if applicable? Yes   No   N/A

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

c) Please provide Natural Product Numbers (NPNs) for all licensed products.

d) Are applicant's products manufactured under good manufacturing practices (GMP)? Yes No N/A  
 If yes, what steps are taken.

e) Have applicant's facilities ever been inspected by the Health Canada or FDA? Yes No N/A  
 If yes, please provide a copy of any findings/recommendations and responses within the last 5 years.

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

\_\_\_\_\_

g) How many adverse events have been reported to applicant and/or the Health Canada or 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 Health Canada, FDA, FTC or any equivalent agency? Yes No N/A Please provide copies of all correspondence.

## Section 9. 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 N/A  
 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 N/A

## Declaration

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 and 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.

Signature:

Print name:

Position held (Owner, partner, authorized officer):

Title:

Date:     /     /