

6) Have you discontinued any product in the past five years for safety reasons? YES NO

If yes, please provide details:

7) Annual gross sales

	USA	Foreign
Upcoming Year (Estimate)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Prior Year (Actual)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>

Note: Insurance issued based on this application will not cover products containing Anabolic-Androgenic Steroids, Anabolic Steroids, Androstenedione, DHEA (Dehydroepiandrosterone), DMAA (Dimethylamylamine), Ephedra, Ephedrine Alkaloids (including but not limited to Cathine, Country Mallow, Epitonin, Herbal Phen Fen, Ma Huang, Norephedrine, Norpseudoephedrine, Phenylpropanolamine and Pseudoephedrine) or Fenfluramine (N-Nitroso-Fenfluramine).

**** GROSS SALES FOR ALL SUCH PRODUCTS SHOULD BE OMITTED FROM THIS APPLICATION. ****

8) Percentage of total gross sales generated by the following products (check each type product sold):

Upcoming Year (Estimate) % Prior Year (Actual) %

- For use by children
 Advertising weight loss benefits
 For bodybuilding
 Intended to treat erectile dysfunction/sexual impotence

For each type of product checked, please provide details:

9) Percentage of total gross sales generated by products containing one or more of the following ingredients (check all that apply):

Upcoming Year (Estimate) % Prior Year (Actual) %

- | | | |
|----------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 1, 4 Butanediol (Gamma-Hydroxybutyric Acid) | <input type="checkbox"/> Creatine | <input type="checkbox"/> Jin Bu Huan |
| <input type="checkbox"/> Aconite | <input type="checkbox"/> Deer Velvet | <input type="checkbox"/> Kava |
| <input type="checkbox"/> Aristolochic Acid | <input type="checkbox"/> Germander | <input type="checkbox"/> Lobelia |
| <input type="checkbox"/> Bitter Orange | <input type="checkbox"/> Germanium | <input type="checkbox"/> L-Tryptophan |
| <input type="checkbox"/> Bovine Organ/Glandular Extracts | <input type="checkbox"/> Greater Celandine | <input type="checkbox"/> Melamine |
| <input type="checkbox"/> Chaparral | <input type="checkbox"/> HCG(Human Chorionic Gonadotropin) | <input type="checkbox"/> Pennyroyal Oil |
| <input type="checkbox"/> Colloidal Silver | <input type="checkbox"/> Horsetail | <input type="checkbox"/> St Johns Wort |
| <input type="checkbox"/> Coltsfoot | | <input type="checkbox"/> Yohimbe |
| <input type="checkbox"/> Comfrey | | |

Note: Legible copies of labels for products containing any of these ingredients must be attached to this application.

10) Percentage of your gross sales generated by the following types of operations:

- a. Manufacturer - Finished Products Sold Under Your Label %
- b. Manufacturer - Ingredients Sold to Others - No Finished Products %
- c. Wholesaler/Distributor - No Directly Imported Products %
- d. Direct Importer %
- e. Contract-Manufacturer - Products Sold Under Label of Others %
- f. Contract-Packager - For Others %

11) If you are a Manufacturer - Finished Products Sold Under Your Label or if you are a Manufacturer - Ingredients Sold to Others - No Finished Products

- a. Are you fully compliant with FDA Current Good Manufacturing Practices (cGMP)? YES NO
- b. Is your cGMP program certified by NPA or NTF? YES NO
- c. Have you attained ISO 9000, QS 9000 or similar Certification? YES NO
- d. Have you or will you use ingredients imported from foreign suppliers? YES NO

If yes, please attach a description of your Quality Assurance Program.

- e. Do you contract the manufacturing of your product to others? YES NO

If yes, please provide the manufacturer's name and physical address, and attach a copy of the contract to this application:

12) If you are a Wholesaler/Distributor - No Directly Imported Products:

- a. Please list the manufacturers and their physical addresses:

- b. Percentage of your gross sales that come from suppliers who provide you with a certificate of insurance: %

- c. Percentage of suppliers who also provide you with additional insured-vendors coverage: %

13) If you are a Direct Importer of finished products from companies located in countries other than the United States:

- a. Please list the manufacturers and their physical addresses:

- b. Are any foreign manufacturers or suppliers affiliated with you? YES NO

- c. Do you take physical possession of the products you sell? YES NO

14) If you are a Contract-Manufacturer - Products Sold Under Label of Others:

- a. What is the percentage of such products that are formulated entirely by that customer: %
- b. Percentage of your overall sales that consist of products sold under the labels of your customers: %
- c. Do you have a written contract with each customer that includes hold harmless and indemnification agreements in your favor? YES NO

15) If you are a Contract-Packager - For Others

- a. Do you have a written contract with each customer that includes hold harmless and indemnification agreements in your favor? YES NO

16) Percentage of your gross sales generated by sales to:

- a. Manufacturers of supplements in which your product is an ingredient only: %
- b. Wholesale distributors or retailers: %
- c. Direct to customers via retail stores operated by you %
- d. Direct to customers via internet %
- e. Others (please describe) %

17) Percentage of your advertising expenditures allocated to:

- a. Television %
- b. Print Media %
- c. Internet (Other Than Your Website) %
- d. Others (please describe) %

18) Advertising

- a. Is your advertising fully compliant with all applicable FDA and FTC regulations? YES NO
- b. Has outside legal counsel reviewed your advertising and confirmed it is in compliance with FDA and FTC regulations? YES NO
- c. Has the FDA or FTC ever reviewed your advertising? YES NO
- d. Has your advertising ever been found to be non-compliant with FDA or FTC regulations? YES NO

19) Quality Assurance Program (QAP):

- a. Do you maintain formal written quality control and testing procedures? YES NO
- b. Is there a full time employee in charge of the QAP? YES NO
- c. Are designs and formulas reviewed, tested and verified by others? YES NO
- d. Testing:
- i. Do you have pre-production testing of raw materials? YES NO
 - ii. Percentage of each batch of finished product that is tested by you, regardless of who makes the product: %
 - iii. Percentage of each batch of finished product tested by an independent testing facility, regardless of who makes the product: %
- e. Record Maintenance:
- i. Do you maintain records of when and where your product was manufactured? YES NO
 - ii. Do your records show to whom your product was sold and the date of sale? YES NO
 - iii. Can you identify the names of your ingredient and component material suppliers? YES NO
 - iv. Do you keep records of changes in formulas and advertising materials? YES NO
 - v. Do your records show a specific identification number for each package sold? YES NO
 - vi. How long do you keep records of tests, sales, advertising materials and instructions?

20) Can you identify your products from those of others? YES NO

21) Do you have a formal written product recall procedure? YES NO

22) Have you voluntarily or involuntarily recalled or withdrawn, or are you considering recalling or withdrawing, any products for any reason? YES NO

If yes, please attach all relevant documents for each recall and withdrawal.

23) Do any of your products include a New Dietary Ingredient as defined by the FDA? YES NO

If yes, please describe each ingredient and advise if you are in compliance with FDA regulations governing premarket notification and use of all such "new dietary ingredients"

24) Labels

- a. Are your labels fully compliant with all applicable FDA and FTC regulations? YES NO
- b. Has outside legal counsel reviewed your labeling and confirmed it is in compliance with the rules and regulations established by the FDA and FTC? YES NO
- c. Has the FDA or FTC ever reviewed any of your labels? YES NO
- d. Have your labels ever been found to be non-compliant with FDA or FTC regulations? YES NO
- e. Do any of your labels make health claims for specific diseases or health-related conditions? YES NO
- f. Do all of your labels include a disclaimer that the FDA has not evaluated the claims on your labels and that your products are not intended to diagnose, treat, cure or prevent any disease? YES NO
- g. Do all of your labels include specific dosage directions and warnings? YES NO

Note: A legible copy of a label from at least one product must be attached to this application.

25) Are all facilities used to manufacture, process, pack or store your products registered with the FDA? YES NO

26) Describe any ongoing or planned clinical trials, including number of participants and who will conduct the trials:

27) **Attach your five year carrier and loss history**

Check here if no insured or uninsured losses in five years

28) Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work, which may result in a claim or claims against you that are not listed above? YES NO If yes, please explanation below

29) Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body, including but not limited to the FDA or FTC concerning your product? YES NO If yes, please explanation below.

30) Are you aware of any study, analysis or trial conducted or being conducted by or on behalf of any governmental agency or industry regulatory body to examine the safety of your product? YES NO If yes, please explanation below.

31) In the past five years, have you submitted a Serious Adverse Event (SAE) Report to the FDA or has the FDA notified you of a Serious Adverse Event Report submitted directly by a health care provider, firm or consumer? YES NO
If yes, please attach a comprehensive list of all SAE's, along with copies of all reports and relevant documents.

32) In the past five years, has the FDA issued a Warning Letter or a Form FDA 483 to you for any reason? YES NO
If yes, please attach copies of each Warning Letter, Form FDA 483 and all relevant documents.

33) In the past five years, have you received an advisory letter or other notice of violation from the FTC? YES NO

34) Current Carrier:

Coverage Form: Occurrence Claims Made Retro Date

Limits: Deductible/SIR:

Premium: Rate:

Is current carrier offering renewal? YES NO

35) Desired Limits Deductible/SIR:

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative: Current Date:

Title

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or Authorized Representative Current Date:

Title

See next page for part II. **TECHNOLOGY SECURITY AND PRIVACY COVERAGE APPLICATION**

The TECHNOLOGY SECURITY AND PRIVACY COVERAGE ENDORSEMENT is Available Only As An Enhancement To The CGL Policy. It Is Not Available for Products-Only Policies.

II. TECHNOLOGY SECURITY & PRIVACY COVERAGE APPLICATION

Answers to the following questions are required for a quotation to include Technology Security and Privacy Coverage:

- 1) Do you have a formal, documented data security policy? YES NO
Are all employees required to read, receive and understand the security policy? YES NO
- 2) Do you utilize encryption for data stored? YES NO
Do you utilize encryption for data transmitted between locations or systems? YES NO
- 3) Do you have the ability to remotely access and monitor mobile hardware? YES NO
- 4) Do you backup computer systems and data? YES NO
If yes, how often are backups performed?
Are backups stored off site? YES NO
- 5) Are your computer systems and networks actively monitored? YES NO
If yes, by whom?
If yes, how frequently?
- 6) Please describe your IT employee hiring and screening procedures:
- 7) Have you experienced any security breaches or data loss events? YES NO
If yes, please explain the specifics and any action taken to prevent additional breaches or events:

The TECHNOLOGY SECURITY AND PRIVACY COVERAGE ENDORSEMENT is Available Only As An Enhancement To The CGL Policy. It Is Not Available for Products-Only Policies.

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date:

Title

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or Authorized Representative

Current Date:

Title