
**SEAFOOD IMPORTING/PROCESSING
SUPPLEMENTAL APPLICATION FORM**

1. Estimated Breakdown of Sales by Operation:

Importer _____% Processor _____% Distributor _____%

2. Estimated Breakdown of Sales By Product Type:

Fish _____% Shellfish _____% Other _____% (Please specify) _____

3. Do you own or operate your own fishing vessels? Yes ___ No ___ If yes, how many? _____
What regions do they fish in? _____

4. What percentage (in terms of sales) of your products are provided to you by outside suppliers? _____%
Roughly how many retail food customers do you have? _____

5. Do you obtain any products from outside U.S. territorial waters? Yes _____ No _____
If so, where? _____

6. Concerning products imported from China. Do you import any products (or any ingredients) or packaging
materials from China? Yes ___ No ___ Is so, which ones? Please provide complete details. _____

What portion of your Insured's total sales figure relates to products imported from China? _____

Do you obtain them directly from the "source" in China – or from another importer ("middle man")? _____

What contractual arrangements are in place (if any) to protect you from the consequences (i.e. recall
expenses and other items covered by our policy) of products from China supplied to you that come to you
contaminated? _____

7. Do you carry Rejection Insurance on your imported products? Yes ___ No ___ If so, at what limit? _____

Will it remain in effect during the period of this insurance? _____

Have you ever had a Rejection incident involving one or more of your imported products? Yes ___ No ___

If "yes", please provide details. _____

8. What percentage of your products is sold to retail food stores? _____%

Roughly how many retail food customers do you have? _____

Is there any one retail food customer that accounts for more than 20% of your sales? Yes ____ No ____

Is yes, please specify _____

Are the products you provide to retail food stores sold in "case-ready" form? Yes _____ No _____

Are they mixed with products from other suppliers? Yes ____ No ____ Is yes, please specify _____

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: _____