DIETARY SUPPLEMENTS & COSMETICS SUPPLEMENTAL

Complete with CWCO-SUP-CORE and CWCO-SUP-DIST. Attach product labels and marketing materials, current products liability declarations page, current financial statements, and 5 years currently-value

APPLICANT NAME(S)	ANY PREVIOUS NAMES OR ORGANIZATIONS	DATE ESTABLISHED

MAILING ADDRESS	CITY	STATE / ZIP	WEBSITE

AUDIT CONTACT	AUDIT CONTACT PHONE	ADDITIONAL LOCATIONS

Applicant is:

☐ Corporation ☐ Partnership ☐ Joint venture
☐ Not for profit ☐ LLC ☐ Individual

A PRODUCTS & OPERATIONS

FULL DESCRIPTION OF ALL WHOLESALE OPERATIONS, INCLUDING ANY INSTALLATION, SERVICE OR REPAIR

PRODUCTS / SERVICES	APPLICANT ACTS AS (M/W/R/I/MR/O)	% OF GROSS RECEIPTS	SOLD TO (M/W/R/I/MR/C/O)

Codes: M=Manufacturer, W=Wholesaler, R=Retailer, I=Importer, MR=Manufacturer's Rep., C=Consumer Direct, O=Other.

PERIOD	GROSS SALES — U.S. ($)	GROSS SALES — FOREIGN ($)	TOTAL GROSS SALES ($)

Complete rows for: upcoming year, current year, and the three prior years.

A1 Have you discontinued or are you considering discontinuing any product or service? ☐ Yes ☐ No
IF YES, EXPLAIN

A2 Are you presently considering introducing any new product or service not currently offered? ☐ Yes ☐ No
IF YES, EXPLAIN

A3 Do you directly import any products or raw materials? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to A3, list the products, percentage of total sales, manufacturer, countries of origin, and testing procedures in the explanation field.

WHO FORMULATES YOUR PRODUCTS?	WHEN WAS YOUR LAST FDA INSPECTION?

A4 Are your formulas reviewed, tested and verified by an independent third party? ☐ Yes ☐ No
IF YES, EXPLAIN

A5 Are all warning labels, instructions and advertising material reviewed by outside counsel? ☐ Yes ☐ No

A6 Do your products meet all applicable government and industry standards? ☐ Yes ☐ No
IF YES, EXPLAIN

A7 Have you, any of your products, or any of your ingredients ever been the subject of an investigation, enforcement action, or notice of violation by the FDA, FTC, or any governmental or regulatory body? ☐ Yes ☐ No

IF YES, EXPLAIN

A8 Do you have a formal written product recall procedure? ☐ Yes ☐ No

IF YES, EXPLAIN

A9 Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective product? ☐ Yes ☐ No

IF YES, EXPLAIN

A10 Do you comply with Good Manufacturing Practices (GMP)? ☐ Yes ☐ No

IF YES, EXPLAIN

A11 Are you a member of a trade organization? ☐ Yes ☐ No

IF YES, EXPLAIN

B MANUFACTURING

B1 Do you manufacture or package products for others under their name or label? ☐ Yes ☐ No

IF YES, EXPLAIN

B2 Do you maintain formal written quality control and testing procedures? ☐ Yes ☐ No

IF YES, EXPLAIN

HOW LONG ARE QC AND TESTING RECORDS KEPT?

HOW LONG ARE THE FOLLOWING RECORDS MAINTAINED?

Do you maintain records of:

☐ When and where product was manufactured ☐ To whom product was sold and date of sale ☐ Who supplied the ingredients

☐ Changes in formula ☐ Changes in advertising material

B3 Do you obtain Certificates of Product Liability Insurance from each of your suppliers? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to B3, confirm in the explanation field whether you are listed as Additional Insured under each supplier's policy.

C DISTRIBUTION

C1 Do you distribute products under your own name or label? ☐ Yes ☐ No

C2 If you contract manufacturing to others, do you have a formal written agreement with each subcontractor? ☐ Yes ☐ No

IF YES, EXPLAIN

C3 Do you obtain Certificates of Insurance from all manufacturers and suppliers evidencing Product Liability insurance? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to C3, confirm whether you are included as Additional Insured-Vendor and state the minimum limits required in the explanation field.

MANUFACTURER NAME	LOCATION

Do you maintain records of:

☐ When and where product was manufactured ☐ To whom product was sold and date of sale ☐ Who manufactured the product

☐ Changes in formula ☐ Changes in advertising material

D DIETARY SUPPLEMENT & COSMETIC SCREENING

Products checked below require additional underwriting detail. Estimated sales and dosage must be provided for any substance associated with the product.

D1 Are any products designed to promote increased energy, weight gain, weight loss, muscle enhancement or increased metabolism? ☐ Yes ☐ No

IF YES, EXPLAIN

D2 Are any products used for sexual and/or male enhancement? ☐ Yes ☐ No
IF YES, EXPLAIN

D3 Do you promote any products for use in children? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 Do any of your labels make health claims? ☐ Yes ☐ No

D5 Do your labels clearly state that the FDA has not evaluated them? ☐ Yes ☐ No

D6 Do your labels clearly state all appropriate warnings, known side effects and contraindications? ☐ Yes ☐ No

D7 Do any products have names similar enough to suggest they are intended for the same use as an FDA-approved drug? ☐ Yes ☐ No
IF YES, EXPLAIN

D8 Have any of your products or ingredients ever been defined as a drug by the FDA? ☐ Yes ☐ No
IF YES, EXPLAIN

D9 Were you issued an FDA Form 483 at your last inspection? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to D9, attach the form and your written response.

INGREDIENT / DERIVATIVE	PRESENT? (Y/N)	ESTIMATED SALES & DOSAGE

Report on: Andro/Androstenedione, B-PEA/PEA/BMPEA, Bitter Orange/Synephrine, Cannabidiol/CBD, Caffeine, Chaparral, Colloidal Silver, Comfrey, Dendrobium, Diacetyl, DMAA/Geranium Oil, DMBA/Al

E LOSS HISTORY

Attach 5-year currently-valued loss runs. Describe any loss greater than $10,000.

ADVERSE EVENTS REPORTED TO YOU / FDA — LAST 5 YEARS

CUSTOMER COMPLAINTS — LAST 5 YEARS

E1 Is any person or organization proposed for this insurance aware of any fact, incident, circumstance, situation, condition, defect or suspected defect which may result in a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

E2 Has any claim been made against any person or organization proposed for this insurance during the last five years? ☐ Yes ☐ No

YEAR	# CLAIMS	AMOUNTS PAID ($)	AMOUNTS RESERVED ($)	TOTAL INCURRED ($)	DATE OF LOSS INFO.

F INSURANCE INFORMATION

F1 Has any insurer declined, cancelled, or non-renewed any General Liability, Products Liability or similar insurance on behalf of any person or organization proposed for this insurance? ☐ Yes ☐ No

IF YES, EXPLAIN

YEAR	LIMITS OF LIABILITY	DEDUCTIBLE / SIR	PREMIUM	EFFECTIVE DATES	RETROACTIVE DATE

GENERAL LIABILITY LIMITS REQUESTED (OCC./AGG.) ($)	GL DEDUCTIBLE ($)	PRODUCTS LIABILITY LIMITS REQUESTED (OCC./AGG.) ($)	PRODUCTS LIABILITY DEDUCTIBLE ($)

G ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — CERTIFICATIONS (GMP, NSF, USP), THIRD-PARTY TESTING LABS USED, OR PLANNED CHANGES

H REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. The applicant acknowledges that answers are based on a reasonable inquiry and/or investigation, and agrees to notify the producer of material changes arising prior to the effective date.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE