

Chubb Agribusiness Supplemental Application for Fruit and Vegetable Packers/Dealers

Applicant Name:

Agent/ Broker:

PLEASE COMPLETE THIS APPLICATION FOR ALL FRUIT AND VEGETABLE PACKERS / DEALERS

NOTE: Products and Completed Op will be excluded if the insured packs or ships green leafy vegetables. (Any Lettuce, Cabbage, Spinach, Kale...etc.)

	Yes	No
1. Do you pack and/or ship "green leafy" vegetables? (If yes, please see the note above.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a written worker safety procedure policy in place for packing and shipping operations?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you provide continuing education to workers?	<input type="checkbox"/>	<input type="checkbox"/>
Please explain all "No" answers for questions 4-12		
4. Do you test all water used in the packing and washing process?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have backup generators or other contingency plans in case of power/refrigeration failure?	<input type="checkbox"/>	<input type="checkbox"/>
6. If you use recycled water, do you test and sanitize the water prior to use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you test produce when it arrives from the field?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you test produce prior to shipping it to the next destination after packing, processing or altering?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are tests performed for salmonella by an outside independent lab?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do tests follow suggested FDA, EPA or other accredited testing methodology?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you test equipment and storage bin contact surfaces for contamination prior to shipping produce?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are animals prohibited inside the packing plant?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your employee handbook include procedures for the following:		
<input type="checkbox"/> Hair Nets	<input type="checkbox"/> Hand washing prior to contact with food	
<input type="checkbox"/> Removal of all jewelry	<input type="checkbox"/> Approved sick days for workers in contact with food products	
<input type="checkbox"/> Gloves	<input type="checkbox"/> Light duty away from food products for workers with open wound injuries	
	<input type="checkbox"/> Removal of all objects from pockets	
Explain any items not checked:		
14. For produce that requires temperature controls, what type(s) of refrigerants are used?		
15. Please explain any special government or industry programs or standards that you are participating in or attempting to qualify for participation in. What procedures are you implementing or have you implemented in regards to this/these programs?		
16. Have any of your products ever tested positive for contaminants such as E-coli, or Salmonella? Please describe your procedure for handling any positive tests for contaminants:		
17. Do you have controlled atmosphere rooms? If yes, explain:		
Comments:		
Applicant Signature:		Date: