



Penn Millers Insurance Company Supplemental Application for Nut/Storage Processors

Applicant Name:

Agent/ Broker:

PLEASE COMPLETE THIS APPLICATION FOR ALL NUT STORAGE/PROCESSORS

A. General Information:

Yes No

1. Are no smoking rules enforced and "no smoking" signs posted?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you practice good housekeeping and have a dust collection system in place in the production and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are rodent and insect control measures in place (fumigation, bait stations, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all pesticides applied by a licensed/qualified pesticide applicator and certificates of insurance obtained?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are administration, production, and warehousing operations located in separate buildings or have fire divisions providing separation?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are magnetic separators used to remove any metals and metal detectors used for non-ferrous metals?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is all machinery properly guarded, equipped with safety devices, and adequately grounded?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are regular inspections maintained for repairs on all quality control monitoring apparatus used in the processing system?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are processes separated by distance or physical barriers to prevent cross contamination?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there a written product recall program?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is any testing done for aflatoxin?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are products inspected by regulatory agencies?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are peanut wagons and similar equipment, inspected regularly for proper working order?	<input type="checkbox"/>	<input type="checkbox"/>

B. Detailed Information:

1. Is there any specialized or imported equipment? If yes, please describe and indicate how long would it take to replace these items?	
2. Is there any cold storage? If yes, what type, age, and is there a regular maintenance program in place?	
3. Is there proper ventilation in buildings? If yes, is it natural or mechanical and is there a regular maintenance program in place?	
4. Are any products manufactured? If yes, please describe.	
5. Are there any retail operations? If yes, what are the days and hours of operation?	
6. Have you or any vendors had a product liability claim? If yes, provide details.	

Comments:

Applicant Signature:

Date: