

# Application for RecallResponse<sup>SM</sup> Product Recall Coverage

Name of Insurance Company to Which Application is Made  
(herein called the Company)

**NOTICE:** This application is for the purpose of obtaining a quotation and does not bind the applicant or the company to complete the insurance. However, if a policy is later issued, this form shall be the basis of and become a part of the contract. The undersigned applicant warrants that to the best of his or her knowledge the statements set forth herein are true. The applicant further warrants that if the information supplied on the application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company in writing of any change, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreements to bind the insurance.

## I. General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business is:  Corporation  Individual Proprietor  Partnership  Other

Nature of Business/Description of Products: \_\_\_\_\_ Years in Business: \_\_\_\_\_

## II. Product Recall Expense and Product Recall Liability Policy

### LIMITS

<b>Coverage A Product Recall Expense</b>	<b>Coverage B Product Recall Liability</b>
Occurrence/Aggregate	Occurrence/Aggregate
<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1,000,000/\$1,000,000
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
<input type="checkbox"/> \$2,000,000/\$2,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000
<input type="checkbox"/> \$5,000,000/\$5,000,000	<input type="checkbox"/> \$10,000,000/\$10,000,000

### DEDUCTIBLES

<b>Coverage A</b>	<b>Coverage B</b>
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Other (Specify) _____

Coverage A Participation \_\_\_\_\_ 10% \_\_\_\_\_ other

Extension for Repair, Refund, Replacement?  Yes  No

Effective Date: \_\_\_\_\_

Coverage desired for all products? \_\_\_\_\_ Or List Specified Products \_\_\_\_\_

## III. Operations

For component parts/assemblies manufacturer: End use applications \_\_\_\_\_

List major customers \_\_\_\_\_

For end product manufacturers: Type of product:  Industrial  Commercial  Consumer

Approximate number of units/year \_\_\_\_\_

For Retailers/Distributors: Sales under own name brand \$ \_\_\_\_\_

Sales from foreign vendors \$ \_\_\_\_\_

Method of distribution? \_\_\_\_\_

Sales History: Current year \_\_\_\_\_, Prior year \_\_\_\_\_, Second prior \_\_\_\_\_,  
Third prior \_\_\_\_\_, Fourth prior \_\_\_\_\_

Do you have an in-force written Recall Plan?  Yes  No

**If yes, please attach copy.**

Is a batch coding system utilized?  Yes  No

Is there traceability back to raw materials/ingredients?  Yes  No

Do you have an in-force written Quality Assurance Plan?  Yes  No

**If yes, please attach copy of the Table of Contents.**

What steps are taken to assess the quality standards of your suppliers? \_\_\_\_\_  
*(Specifications, certificates of analysis, etc.)* \_\_\_\_\_

Do you perform audits of your suppliers' QA activities?  Yes  No

Are there indemnification agreements/hold harmless agreements relating to Product Recall?  
 Yes  No

*If yes, please describe agreements.* \_\_\_\_\_

### RECALL WORKSHEETS

#### Expenses Calculations - Coverage A

Communications \_\_\_\_\_

Shipping \_\_\_\_\_

Additional personnel \_\_\_\_\_

Remuneration to regular employees \_\_\_\_\_

Additional warehouse/storage \_\_\_\_\_

#### Coverage A Extension - Repair, refund, replace

Cost of product \_\_\_\_\_

Shipping cost -back to customer \_\_\_\_\_

Cost to refund \_\_\_\_\_

Cost to repair \_\_\_\_\_

Has any product been recalled in the past ten years?  Yes  No

#### *If yes, supply the following details for each recall*

**a)** Product involved, **b)** Reason for recall, **c)** Date of Recall, **d)** Total expenses incurred, **e)** Methods employed to recall product

Attach Loss Runs or Summary of Product Liability losses for past **Five Years**.

Does the applicant, or do its directors or officers have any knowledge of any current situation or circumstances which might lead to a claim under a policy of product recall insurance?  Yes  No

*If yes, please attach explanation.*

**FOR KENTUCKY APPLICANTS:** 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.

**FOR NEW YORK APPLICANTS:** 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FOR OHIO APPLICANTS:** Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**FOR PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application or claim containing any false incomplete or misleading information shall upon conviction be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**FOR NEW JERSEY APPLICANTS:** Any person who included any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**FOR FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**FOR COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities.

**FOR MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**FOR NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**FOR ARKANSAS APPLICANTS:** Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*The undersigned has no knowledge of a pre-existing condition likely to necessitate a product recall except as noted above, and the undersigned will notify the company of any situation that arises prior to the inception date of the policy. It is understood and agreed that if such knowledge or information exists, any claim arising therefrom is excluded from the proposed insurance*

Signature of Principal, Partner or Officer

Title

Date Signed

### IV. Producer Information

Name of Producer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_