

**Application for  
RecallResponse  
Product Recall Coverage**

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the company to complete the insurance. The undersigned duly authorized applicant warrants that to the best of his or her knowledge the statements set forth herein are true. It is understood that the undersigned has no knowledge of a pre-existing condition likely to necessitate a product recall except as noted below. 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. It is further agreed that if such knowledge or information exists, any claim arising therefrom is excluded from the proposed insurance.

**NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

**I. General Information**

Name of Insured \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Business is : Corporation \_\_\_ Individual Proprietor \_\_\_ Partnership \_\_\_ Other \_\_\_ Years in business \_\_\_\_\_  
 Nature of Business/Description of Products: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Limits / Self Insured Retention / Optional Endorsements**

Unless otherwise requested you will be provided with premium indications for various limits excess of various Self Insured Retentions.

Coverage Options include

1. Coverage A Product Recall Expense without the cost to Repair, Replace, Refund
2. Coverage A Product Recall Expense with the cost to Repair, Replace, Refund
3. Coverage B Product Recall Liability
4. Combined Single limit for 2. & 3. Above
5. Coverage B Impaired Property Endorsement

Specific limit/self insured retention request

Limit \_\_\_\_\_ Self Insured Retention \_\_\_\_\_

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

Coverage desired for all products? \_\_\_\_\_

Or List Specified Products? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated Annual Sales of covered products \_\_\_\_\_  
Sales \$ History  
Current year \_\_\_\_\_ Prior year \_\_\_\_\_ 2nd prior \_\_\_\_\_ 3rd prior \_\_\_\_\_

### III. Operations

*For component manufacturer:*

End use applications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*For end product manufacturers:*

Type of product  
Industrial, description: \_\_\_\_\_  
\_\_\_\_\_

Commercial, description: \_\_\_\_\_  
\_\_\_\_\_

Consumer, description: \_\_\_\_\_  
\_\_\_\_\_

Approximate number of units/year:

Industrial \_\_\_\_\_

Comercial \_\_\_\_\_

Consumer \_\_\_\_\_

*For Retailers/Distributors:*

Sales under own name brand \$ \_\_\_\_\_

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

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1. Do you have an in force written Recall Plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach copy.
  2. Is a batch coding system utilized? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there traceability back to raw materials/ingredients? Yes \_\_\_\_\_ No \_\_\_\_\_
  3. Do you have an in force written Quality Assurance Plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach copy of the Table of Contents.
  4. 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 \_\_\_\_\_
5. Are there indemnification agreements/hold harmless agreements relating to Product Recall?  
If yes, please describe agreements. \_\_\_\_\_  
\_\_\_\_\_
  6. Are there any agreements that make you responsible for damages other than those associated your obligation to replace your product ? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe agreements. \_\_\_\_\_  
\_\_\_\_\_
-

7. Has any product been recalled in the past ten years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, supply the following details for each incident
- a) Product involved
  - b) Reason for recall/request/claim
  - c) Date of recall/request/claim
  - d) Total expenses incurred
8. Has there been any claims or request for payment of expenses of others as a result of the performance of your product in the past ten years ? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, supply the following details for each incident
- a) Product involved
  - b) Reason for recall/request/claim
  - c) Date of recall/request/claim
  - d) Total expenses incurred
9. Does the applicant, or do its directors or officers have any knowledge of any current situation or circumstance which might lead to a claim under a policy of product recall insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach explanation

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

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.

#### FRAUD WARNINGS

**NOTICE TO ARKANSAS 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 FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO 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 FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE 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.”

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

**NOTICE TO 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.”

**NOTICE TO 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.”

**NOTICE TO LOUISIANA 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 FINES AND CONFINEMENT IN PRISON."

**NOTICE TO 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."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO 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."

**NOTICE TO 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, 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."

**NOTICE TO 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."

**NOTICE TO OKLAHOMA APPLICANTS:** "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO VIRGINIA 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

The undersigned duly authorized representative of the applicant declares to the best of his or her knowledge that the statements set forth herein are true.

SIGNATURE OF DULY AUTHORIZED REPRESENTATIVE \_\_\_\_\_

NAME AND TITLE OF DULY AUTHORIZED REPRESENTATIVE \_\_\_\_\_

(Note: If not an officer, the representative's power of attorney must be attached.)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**IV. Producer Information**

Name of Producer \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_