



# Product recall

Application form

United States



# PRODUCT RECALL

## APPLICATION FORM

### INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Product Recall policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance.

### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a director of the applicant company and should make all the necessary inquiries of their fellow directors, officers and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

## SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Insured company:	
Address:	
Zip code:	
Year of establishment:	
Website:	

1.2 Please describe below the nature of your business activities:

1.3 Please state your sales in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Total sales	\$	\$	\$
Profit / (Loss)	\$	\$	\$

1.4 Please state the percentage of your sales into the following territories:

USA/Canada:	%	Europe:	%
Australia/New Zealand:	%	Asia:	%



1.5 Please state the number of manufacturing plants you operate in the following territories:

USA/Canada:	<input type="text"/>	Europe:	<input type="text"/>
Australia/New Zealand:	<input type="text"/>	Asia:	<input type="text"/>

**SECTION 2: PRODUCT INFORMATION**

2.1 Please provide the following details for the products to be insured by this policy *and continue on the ADDITIONAL INFORMATION page if necessary:*

Product name/description	Date first sold	Annual sales	Average batch value	Location of manufacture	Number of production lines	Your design or customer design?
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			

2.2 Please provide further details for the three products from Q2.1 that generate the largest % of your sales:

Product name/description	Customer name	Ultimate OEM/ End product manufacturer*	Failure rate	Daily production values	Daily production units	Maximum batch value
			%	\$		\$
			%	\$		\$
			%	\$		\$

\*the company that ultimately integrates your product into their product for sale to consumers.

2.3 In the next 12 months are you planning to launch a new product that has not been listed in Q2.1?  Yes  No  
*If 'yes', please provide details including a description, projected release date and projected annual sales, continue on the ADDITIONAL INFORMATION page if necessary:*

2.4 Please provide the details for your three largest customers:

Customer name	Customer location	Proportion of your annual sales
		\$
		\$
		\$

2.5 Do all of your customers provide signed product acceptances upon receipt?  Yes  No

2.6 Are any of the products listed in Q2.1 incorporated into marine craft, aircraft, aerospace craft, nuclear devices or nuclear systems?  Yes  No  
*If 'yes', please provide details and continue on the ADDITIONAL INFORMATION page if necessary:*



2.7 What percentage of all of your products listed in Q2.1 carry the following:

- a) company name?  %
- b) your trade mark?  %
- c) lot number?  %
- d) production batch number?  %

**SECTION 3: QUALITY ASSURANCE**

3.1 In respect of the products listed in Q2.1:

- a) Do they meet all applicable product safety standards for the territories you sell into?  
*Please attach a sample copy of your product safety standard certificates.*  Yes  No
- b) Are they labeled with all applicable product safety warnings?  Yes  No
- c) Are they supplied with clear instructions?  Yes  No

*If you have answered 'yes' to b) or c) above, please provide details on whether these are inspected and approved prior to sale or distribution, including who undertakes this process (e.g. legal counsel or quality assurance team) and continue on the ADDITIONAL INFORMATION page if necessary:*

3.2 Do you have a written quality assurance plan?  Yes  No  
*If 'yes', please attach a copy to this application.*

3.3 Do you have a written emergency product recall procedure?  Yes  No  
*If 'yes', please attach a copy to this application.*

3.4 Do you purchase any materials or components from suppliers?  Yes  No  
*If 'yes', please state:*

- a) whether the materials and components are manufactured to your explicit, written specifications?  Yes  No
- b) whether you maintain full rights of recourse against these suppliers:  
*If 'no', please provide details and continue on the ADDITIONAL INFORMATION page if necessary:*  Yes  No

c) the following details for your three largest suppliers:

Supplier name	Supplier location	Material/component supplied

d) whether you have a supplier approval process?  Yes  No



3.5 Do you use a contract manufacturer?

Yes  No

If 'yes', please state:

a) whether you maintain full rights of recourse against these contract manufacturers:

Yes  No

If 'no', please provide details and continue on the ADDITIONAL INFORMATION page if necessary:

Empty text box for providing details.

b) the following details for your three largest contract manufacturers:

Contract manufacturer name	Products manufactured	Annual sales	Location

c) whether you have a contract manufacturer approval process:

Yes  No

### SECTION 4: INSURANCE REQUIREMENTS

Please state the following:

a) limit of insurance you are seeking:

\$

b) when you would like the insurance to start:

### SECTION 5: CLAIMS EXPERIENCE

AFTER FULL INQUIRY:

a) are you aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy?

Yes  No

b) are you aware of any loss or damage (relating to the products to be insured by this policy), whether insured or not, that has occurred to any of the companies to be insured within the last 5 years?

Yes  No

If you have answered 'yes' above, please provide further details and continue on the ADDITIONAL INFORMATION page if necessary:

Empty text box for providing further details.

### SECTION 6: DECLARATIONS

- I declare that AFTER FULL INQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Signed: \_\_\_\_\_ Full name: \_\_\_\_\_

Position held: \_\_\_\_\_ Date:

ADDITIONAL INFORMATION: