



# Product Recall Coverage (US)

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 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.

ALL AMOUNTS STATED ARE IN U.S. DOLLARS

## I. General Information

Name of Insured: \_\_\_\_\_

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

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

Type of Business:  Corporation  Individual Proprietor  Partnership  Other: \_\_\_\_\_

Web Address: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Nature of Business / Description of Products:	Manufacturer	<input type="checkbox"/>
	Distributor	<input type="checkbox"/>
Largest Brand/Product:	Wholesaler	<input type="checkbox"/>
	Retailer	<input type="checkbox"/>
	Other (describe):	<input type="checkbox"/>
Sales:		
Approximate Number of Units/ Year:		

List Largest Customers:

Total Annual Sales: (US\$)	Current Year: _____	Prior Year: _____	Sales for Policy Term Requested (Projected): (next 12 months)
Geographic Distribution	Manufacture (as % of total sales)		Sales (as % of total sales)
United States/Canada			
Europe			
Asia			
Latin America			
Other (List)			

Sales Under Own Name Brand: US \$ \_\_\_\_\_

Coverage Desired for all Products?  Yes  No

Or List Specified Products to be covered: \_\_\_\_\_

Estimated Annual Sales of Covered Products (next 12 months): US \$ \_\_\_\_\_

For Component Manufacturers:

End Use Applications: \_\_\_\_\_

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

Limits (Policy Aggregate Applies)		Self Insured Retention (Min. \$25,000) - Please indicate below:	
Coverage A	Coverage B	Coverage A	Coverage B
Product Recall Expense	Product Recall Liability		
Occurrence/Aggregate	Occurrence/Aggregate		

<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	<input type="checkbox"/> \$10,000,000/\$10,000,000		

Coverage A Participation:  10%  Other \_\_\_\_\_ %

Extensions of Coverage:

Repair, Replacement, Refund

Impaired Property (Applies to Coverage B Only)

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

### III. Operations

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 trace ability 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 / hold harmless agreements relating to Product Recall?  Yes  No  
If yes, please describe agreements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has any product been recalled in the past ten years?  Yes  No  
If yes, supply the following details for each recall:

a) Product(s) 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 circumstance, which might lead to a claim under a policy of product recall insurance?  Yes  No

If yes, please attach explanation.

*In addition to RecallResponse®, WorldSource® may be able to provide Accounts Receivables Insurance. If interested, please complete the questions below and all eligible applicants will receive application materials and a non-binding preliminary indication presented by AIG Trade Credit.*

1. List Major Customers:

Customer Name	Credit Limit
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

2. Indicate typical payment terms currently extended to foreign and domestic Buyers, from the shortest to the longest:

a. Typical domestic terms of sale:

b. Typical foreign terms of sale:

3. Please provide loss data for over the last three (3) years:

	Gross Bad Debt Losses	Largest Single Loss (Gross Amount)	Projected Gross Bad Debt Losses
Domestic:			
Foreign:			

**FRAUD WARNINGS**

***NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.***

**NOTICE TO ARKANSAS AND 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 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 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.

**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 TENNESSEE AND 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.

*It is understood that 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.*

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Signature of Principal, Partner or Officer \_\_\_\_\_ Date \_\_\_\_\_

IV. Producer Information

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

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

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

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

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

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PLEASE RETURN TO:



[Insurisk Excess & Surplus Lines]