

TOTTEN GROUP

I N S U R A N C E

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 New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

PRODUCT RECALL APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

GENERAL INFORMATION

Applicant is: Individual Partnership Corporation Joint Venture Other (Specify) _____

1. Name of Applicant _____

2. Mailing address _____

3. Contact Person _____ Email Address _____

4. Number of years in operation _____ Number of years experience _____

5. Nature of business (check all that apply)

	Annual Revenue	% of Revenue
<input type="checkbox"/> Manufacturing	_____	_____
<input type="checkbox"/> Growing	_____	_____
<input type="checkbox"/> Distributing	_____	_____
<input type="checkbox"/> Wholesale	_____	_____
<input type="checkbox"/> Retail	_____	_____
<input type="checkbox"/> Other	_____	_____

If other, please describe _____

6. Description of Products _____

7. Is coverage desired for all products? Yes No

If no, please list and describe specified products to be covered _____

8. Revenue – All Products

Estimated current annual revenue _____ Prior year actual annual revenue _____

9. Revenue – Covered Products

Estimated current annual revenue _____ Prior year actual annual revenue _____

10. Geographic distribution of revenue

	Annual Revenue	% of Annual Revenue
Canada	_____	_____
United States	_____	_____
Europe	_____	_____
Asia	_____	_____
Latin America	_____	_____
Other (list)	_____	_____



11. Do you engage in any financial transactions with individuals or entities domiciled in Bolivia, Burma (Myanmar), Cuba, Ethiopia, Ghana, Indonesia, Kenya, Nigeria, Pakistan, São Tomé and Príncipe, Sri Lanka, Syria, Tanzania, Thailand and Turkey? Yes No

If yes, please describe the type of financial transaction _____

12. For Component Manufacturers
 Describe end use applications of your products _____

PRODUCT RECALL EXPENSE AND PRODUCT RECALL LIABILITY POLICY

Limits (Policy Aggregate Applies)

Self-Insured Retention (Min. \$25,000)

Please indicate desired limit(s), self-insured retentions and coverage extensions below

- | | |
|--|---|
| <p>1. Product Recall Expense Limit
 Occurrence/Aggregate</p> <p><input type="checkbox"/> \$1,000,000/\$1,000,000</p> <p><input type="checkbox"/> \$3,000,000/\$3,000,000</p> <p><input type="checkbox"/> \$5,000,000/\$5,000,000</p> <p><input type="checkbox"/> \$10,000,000/\$10,000,000</p> <p><input type="checkbox"/> Other</p> | <p>Product Recall Liability Limit
 Occurrence/Aggregate</p> <p><input type="checkbox"/> \$1,000,000/\$1,000,000</p> <p><input type="checkbox"/> \$3,000,000/\$3,000,000</p> <p><input type="checkbox"/> \$5,000,000/\$5,000,000</p> <p><input type="checkbox"/> \$10,000,000/\$10,000,000</p> <p><input type="checkbox"/> Other</p> |
|--|---|

2. Please indicate desired self-insured retention options below
- | | |
|------------------------|--------------------------|
| Product Recall Expense | Product Recall Liability |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

3. Recall Expense Co-Insurance Participation Yes No
4. Extension of coverage Repair, replacement, refund Impaired property (applies to recall liability only)
5. Requested policy effective date _____

OPERATIONS

1. List your five (5) largest customers by name, products sold and associated revenue
- | Customer | Products Sold | Associated Revenue |
|----------|---------------|--------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

2. List your five (5) largest suppliers by name and materials supplied
- | Supplier | Materials Purchased |
|----------|---------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |



3. List your five (5) largest product lines, please provide description, annual revenue, annual number of units produced, largest batch size and number of batches per day

	Product Description	Annual Revenue	Units Produced Annually	Largest Batch Size	Batches per Day
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

4. Average inventory turnover per year

5. Do you have an in-force written recall plan Yes No

6. Is a batch coding system utilized? Yes No

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

8. Do you have an in-force written quality assurance plan? Yes No If yes, please attach a copy of the table of contents
What steps are taken to assess the quality standards of your suppliers (specifications, certificates of analysis, etc.)?

9. Do you perform audits of your suppliers' quality assurance activities? Yes No

10. Are there indemnification/hold harmless agreements relating to product recall?

If yes, please describe agreements and with whom _____

11. Have you recalled any product in the past ten years? Yes No

If yes, supply the following details for each recall

12. Has any product which contains a component provided by you been recalled in the past 10 years? Yes No

If yes, supply the following details for each recall

- a. Date of Recall _____
- b. Reason for recall _____
- c. Product(s) involved _____
- d. Total expenses incurred _____
- e. Methods employed to recall product _____
- f. Remedy used to correct the product _____
- g. Corrective measures taken to prevent re-occurrence _____

Attach loss runs or summary of product liability losses for past five years

13. 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 product recall insurance policy? Yes No

If yes, please explain _____



THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES TO THE BEST OF HIS/HER KNOWLEDGE AN BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE.

I/We, the undersigned, declare that, to the best of our knowledge and belief, the information provided in this Insurance Application is true and complete, and that I/we have not withheld any material information which might affect the judgment of Liberty Mutual Insurance Company in their rating and acceptance of the risk. I/We agree that if an insurance policy is issued by Liberty Mutual Insurance Company, this Insurance Application shall form the basis upon which the contract is issued.

The undersigned acknowledges that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this application has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information to Liberty Mutual Insurance Company for the purposes of assessing the application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.

Legal Name of Applicant Date

Signature of Authorised Signing Officer Print Name

PRINT ADDRESS OF BROKERAGE

Broker Email Address: _____