



# Product recall

Application form  
United Kingdom



## PRODUCT RECALL

### APPLICATION FORM

#### INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

#### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use 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:	
Postcode:	
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 (in GBP):

	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:

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



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

UK/Europe:

Australia/New Zealand:

USA/Canada:

Asia:

**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:  
 a) exported to a territory that is subject to any sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, Australia or United States of America?  Yes  No  
*If 'yes', please provide details and continue on the ADDITIONAL INFORMATION page if necessary:*

b) 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 labelled 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).*

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

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

Contract manufacturer name	Products manufactured	Annual sales to the insured	Location

c) whether you have a contract manufacturer approval process:  Yes  No

3.6 Do you have a dedicated internal resource allocated for quality assurance?  Yes  No

## SECTION 4: INSURANCE REQUIREMENTS

4.1 Please provide details of your Product Recall insurance:

Insurer: _____	Limit: _____
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4.2 When would you like your Product Recall insurance to start?

DD / MM / YY

## SECTION 5: CLAIMS EXPERIENCE AND INSURANCE HISTORY

AFTER FULL ENQUIRY:

- a) are you aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy, or
- b) have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- c) 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?

With reference to questions a), b) and c) above:

Yes

No

If the answer to the above is yes then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

## SECTION 6: DECLARATIONS

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed: _____	Full name: _____
Position held: _____	Date: _____ DD / MM / YY

ADDITIONAL INFORMATION: