



[Commercial Property Casualty]

CONTAMINATED PRODUCT RECALL APPLICATION

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PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant: _____

Mailing Address: _____ Postal Code: _____

Website Address: _____ Email Address: _____

Number of years in business: _____ Date Established: _____

Please describe the nature of your business activities:

Please state your sales in respect of the following years (in \$CDN)

| | Last Complete Financial Year | Estimate for Current Year | Estimate for Next Financial Year |
|------------------|------------------------------|---------------------------|----------------------------------|
| Total Sales: | \$ _____ | \$ _____ | \$ _____ |
| Profit / (Loss): | \$ _____ | \$ _____ | \$ _____ |

Please state the percentage of your sales in the following territories:

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

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

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

PART 2 PRODUCT INFORMATION

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 | Annual Sales | Average Batch Value | Location of Manufacturer | Number of Production Lines |
|--------------------------|--------------|---------------------|--------------------------|----------------------------|
| | \$ _____ | \$ _____ | | |
| | \$ _____ | \$ _____ | | |
| | \$ _____ | \$ _____ | | |
| | \$ _____ | \$ _____ | | |
| | \$ _____ | \$ _____ | | |
| | \$ _____ | \$ _____ | | |
| | \$ _____ | \$ _____ | | |
| | \$ _____ | \$ _____ | | |
| | \$ _____ | \$ _____ | | |

Please provide further details for the three products listed above that generate the largest percentage of your sales:

| Product Name/Description | Company Name * | Daily Production Values | Daily Production Units | Maximum Batch Value |
|--------------------------|----------------|-------------------------|------------------------|---------------------|
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |

* The company that ultimately integrates your product into their product for sale to consumers

In the next next twelve (12) months are you planning to launch a new product that has not been listed above in this application? Yes No

If "Yes", please provide details including a description, projected release date & projected annual sales, use ADDITIONAL INFORMATION section, if needed

Please provide details for your three largest customers:

| Customer Name | Customer Location | Proportion of your Annual Sales |
|---------------|-------------------|---------------------------------|
| | | \$ |
| | | \$ |
| | | \$ |

Are any of the products you have listed exported to a territory that is subject to sanction, prohibition or restriction under The United Nations resolutions or the trade of economic sanctions, laws or regulations of the European Union, United Kingdom, Australia or the United States of America? Yes No
If "Yes", please provide details below:

Do any of your products listed carry the following?

Company Name? Yes No Your Trademark? Yes No Lot No.? Yes No Production Batch No.? Yes No

PART 3 QUALITY ASSURANCE

In respect of the products listed above, do they:

a) Meet all the applicable safety standards for the territories you sell into? Yes No
Please attach a sample copy of your product safety standards certificate

b) Are they labelled with applicable product safety warnings? Yes No

c) Are they supplied with clear instructions? Yes No

If you have answered "Yes" to a), b) or c) above, please provide details on whether they are inspected and approved prior to sale or distribution, including who undertakes this process (i.e. legal counsel or quality assurance team).

- Do you have a written quality assurance plan? ***If "Yes" please attach a copy to this application*** Yes No
-
- Do you have a written emergency product recall procedure? ***If "Yes" please attach a copy to this application*** Yes No
-
- Do you purchase any ingredients or components from suppliers? Yes No
-

If "Yes" to above, 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 below: Yes No

c) Please list the following details for your **three largest suppliers**:

| Supplier Name | Supplier Location | Material or Component Supplied |
|---------------|-------------------|--------------------------------|
| | | |
| | | |
| | | |

- d) Do you have a supplier approval process? Yes No
-

Do you use a contract manufacturer? Yes No

If "Yes", do you maintain full rights of recourse against these contract manufacturer(s)? If "No", please provide details below: Yes No

Please list the following details for your three largest contract manufacturers, if applicable:

| Contract Manufacturer Name(s) | Contract Manufacturer Location(s) | Products Manufactured | Annual Sales |
|-------------------------------|-----------------------------------|-----------------------|--------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

Do you have a contract manufacturer approval process? Yes No

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

PART 4 INSURANCE REQUIREMENTS

Please provide details for your Contaminated Product Recall insurance:

Limit: \$ _____ Desired Effective Date: (MM/DD/YYYY) _____

PART 2 LOSS HISTORY

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

| TYPE OF LOSS | DATE OF LOSS | DESCRIPTION OF LOSS | RESERVE OR LOSS AMOUNT PAID BY INSURER | DEDUCTIBLE PAID BY INSURED |
|--------------|--------------|---------------------|--|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please attach any available insurance company loss reports with this application

| ADDITIONAL INFORMATION |
|------------------------|
| |



NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

- How long have you known this Applicant? _____
- Is this account new or renewal to you? _____
- Have you personally viewed the Applicant's operations? _____
- What is the condition of facilities and equipment? _____
- What is the applicant's attitude toward risk management and insurance? _____
- Do you recommend this Applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____