



Product recall

Application form

Canada



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, underwriters of the underwriting agreement 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: | |
| Postal 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 (in CAD):

| | 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: | <input type="text"/> | % | Europe: | <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:

USA/Canada:

Australia/New Zealand:

Europe:

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 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).

3.2 Do you have a written quality assurance plan?

If 'yes', please attach a copy to this application.

 Yes No

3.3 Do you have a written emergency product recall procedure?

If 'yes', please attach a copy to this application.

 Yes No

3.4 Do you purchase any materials or components from suppliers?

If 'yes', please state:

a) whether the materials and components are manufactured to your explicit, written specifications?

 Yes No

 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?

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

 Yes No

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

3.6 Do you have a dedicated internal resource allocated for quality assurance?

 Yes No

3.7 What percentage of your final product is tested for safety and functionality?

 %

SECTION 4: INSURANCE REQUIREMENTS

4.1 Please provide details of your Product Recall insurance:

| | |
|----------------|--------------|
| Insurer: _____ | Limit: _____ |
|----------------|--------------|

4.2 When would you like your Product Recall insurance to start?

DD / MM / YY

SECTION 5: CLAIMS EXPERIENCE AND INSURANCE HISTORY

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, 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 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: _____ DD / MM / YY |

ADDITIONAL INFORMATION: