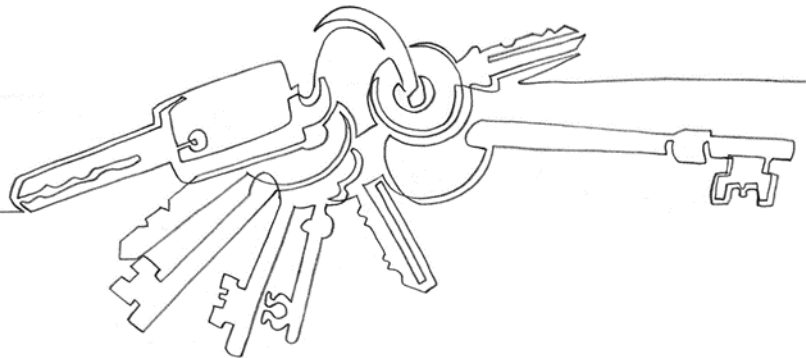


Beazley | Product Recall  
Renewal

beazley



# Beazley Product Recall Renewal

**NOTICE: THIS POLICY PROVIDES COVERAGE FOR LOSS FIRST DISCOVERED DURING THE POLICY PERIOD AND REPORTED TO THE INSURANCE COMPANY IN ACCORDANCE WITH THE TERMS OF THIS POLICY. PLEASE REVIEW THE COVERAGE PROVIDED UNDER THIS POLICY CAREFULLY AND DISCUSS WITH YOUR INSURANCE AGENT OR BROKER. ANSWER ALL QUESTIONS COMPLETELY. UNANSWERED QUESTIONS WILL BE INTERPRETED AS HAVING BEEN MARKED "NOT APPLICABLE" BY APPLICANT. IF ADDITIONAL SPACE IS NEEDED TO ANSWER ANY QUESTION FULLY, PLEASE ATTACH A SEPARATE PAGE. THIS APPLICATION WILL BE ATTACHED TO AND MADE PART OF ANY POLICY ISSUED.**

## Section 1. Applicant Information

**1. Applicant's Legal Entity Name:**

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**2. Address:**

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Street Address

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City State Zip Code

**3. Website:**

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**5. Are there any material changes from prior year?**

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**6. Is coverage Contract or Product Specific?**

Yes

No

If so, please provide details below and complete the following application based on this exposure:

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## Section 2. Sales Information

**7. Please provide the following sales information:**

Estimated Sales for Upcoming Year	
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## Section 3. Loss Information

9. In the last 5 years have you withdrawn or recalled any products, had any product adulteration incidents, had an incident where your product has been found to have a product or manufacturing defect, or have you been responsible for such costs incurred by any third party arising out of such events regardless of any subrogation?  Yes  No

(If yes, please provide root cause, total costs, and corrective actions taken)

10. Does the company, its directors and officers have any knowledge of any current situation, fact or circumstances which might lead to a claim under this policy?  Yes  No

## Section 4. Insured Contact Information

11. Main Contact's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

12. Quality Control / Safety Manager's Contact's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Declaration

The undersigned is authorized by the applicant and declares that the statements set forth herein and all written statements and materials furnished to the insurer in conjunction with this application are true. Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that the statements contained in this application, any supplemental attachments, and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon by the insurer in issuing any policy.

This application and materials submitted with it shall be retained on file with the insurer and shall be deemed attached to and become part of the policy if issued. The insurer is authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The applicant agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the applicant will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

I have read the foregoing application of insurance and any attachment and represent that the responses provided on behalf of the applicant are true and correct.

## Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Position held (Owner, partner, authorized officer):

Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_