



LIMITED PRODUCT WITHDRAWAL EXPENSE APPLICATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at the address of the Applicant

To:

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies, or judgments for unpaid taxes against the Applicant, or a majority partner? Yes No

Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership? Yes No

FEIN:

Applicant is: Sole Proprietor Joint Venture LLC Corporation Partnership

Other – Specify:

Business of Applicant is: Manufacturing Broker Distributor Direct Importer

Other – Specify:

Website:

SUBMISSION REQUIREMENTS

- 5 years of insured and uninsured voluntary and involuntary recall history.
- Copy of formal written product recall procedures and procedure index.

SECTION I – RISK PROFILE

- 1) Has the Applicant had more than one recall in the last 5 years? Yes No
- 2) Does the Applicant provide contract manufacturing services? Yes No
- 3) Are any products manufactured outside the United States of America? Yes No
 If Yes, list all countries and corresponding sales:

SECTION II – PRODUCT & LOSS CONTROL INFORMATION

4) Provide the following information regarding any products the Applicant manufactures, distributes, handles, or sells (attach a spreadsheet if additional space is required):

Product Name & Type	Upcoming Year's Estimated Sales	Current Year's Sales	Prior Year's Sales	Sold To Whom	Geographically Sold/Used

5) Percentage of products sold to:

Consumer % Retail % Wholesale % Other Manufacturers %

6) Are any of the Applicant's products subject to FDA or USDA regulation? Yes No

7) Do any of the Applicant's products become component parts of another company's products? Yes No
If Yes, provide a detailed explanation:

8) If the Applicant's product is sold to be repackaged under another name, please state to whom the product is sold and the name of the repackaged product:

9) Does the Applicant plan to introduce or sell new products within the next year? Yes No
If Yes, explain and provide a list of proposed products. (Use general fill-in area on page 4)

10) Does the Applicant outsource any parts, components, or ingredients in their products? Yes No
If Yes:

a) How much? %

b) Are the outsourced materials lot and batch numbers recorded and tracked along with the corresponding lot or batch numbers of the Applicant's products in which they have been incorporated? Yes No

c) Have there ever been any recalls of the supplier's products? Yes No

SECTION III – RISK TRANSFER

17) Does the Applicant secure written contracts with all **manufacturers, suppliers, and/or vendors**? Yes No
If Yes, does the contract require them to:

a. Carry Product Recall Coverage? Yes No
If Yes, specify the limit:

b. Name the Applicant as an Additional Insured? Yes No

c. Defend, indemnify, and hold the Applicant harmless? Yes No

SECTION IV – COST AND METHOD OF RECALL:

18) Provide a detailed explanation of the means that would be used to secure the return of a product in the event a product withdrawal is required:

19) What would be the estimated expense of such a product withdrawal for the following categories:

Communications (costs of notification, stationery, envelopes, production of announcements, postage or facsimiles, computer time):	\$
Shipping (costs of transportation, shipping, packaging, warehouse, and storage space):	\$
Independent Contractors/Temporary Workers:	\$
Regular Employees (overtime pay to non-salaried employees, costs incurred by employees including transportation and accommodations)	\$
Proper Disposal of Products That Cannot Be Re-used (not to exceed your purchase price or your cost to produce the products):	\$

20) Does the Applicant have a method in place to readily convert your sales or distribution system to facilitate the withdrawal of products? Yes No
 If Yes, provide a detailed explanation:

21) Do you presently maintain batch or product records, serial numbers, or copies of guarantee cards which would facilitate tracing the whereabouts of products being withdrawn? Yes No
 a. If Yes, provide a detailed explanation. (Use general fill-in area on page 4)
 b. If No, provide a detailed explanation of how the source and the destination of individual batches are identified during a recall. (Use general fill-in area on page 4)

22) Do you have a formal written process for designing your products and product packaging to prevent tampering or to make product tampering evident to the consumer/end user? Yes No

SECTION V – LOSS HISTORY DETAILS

23) Has any product been voluntarily or involuntarily withdrawn or recalled in the past ten years? Yes No
 If Yes, supply the following details:

- Name of product involved:
- Quantity of product involved:
- Specific reason for the withdrawal:
- Date of withdrawal:
- Means used to withdraw the product:
- Quantity of product recovered:
- Total expenses incurred:

SECTION VI – CURRENT LIABILITY INSURANCE PROGRAM

24) Current Carrier:

Limits:

Deductible/SIR:

Rate:

Premium:

Retro Date:

Coverage Form: Occurrence Claims-Made

General fill-in area for further explanation:

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.