



**CRUM & FORSTER<sup>®</sup>**  
A FAIRFAX COMPANY

**Product Recall Insurance**  
Application Form  
for  
**Consumer Goods**

email [productrecall@cfins.com](mailto:productrecall@cfins.com) to submit

[www.cfins.com](http://www.cfins.com)

## Application Form for Consumer Goods

Please answer the following questions to provide Crum & Forster (C&F) with the information necessary to properly evaluate your Consumer Goods insurance. This information is not only vital for evaluating your exposure; it will also provide C&F with an accurate profile of your company so that we can be an informed partner in this program:

- All questions must be answered completely – if you need more space please continue on a separate sheet of paper and indicate question number.
- Please provide a copy of your Recall Plan, Quality Control / Assurance Plan and Crisis Management Plan
- This application must be signed and dated by an officer of the company

### 1. APPLICANT'S DETAILS

1.1 Name and Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(please attach list of subsidiaries, if applicable under this policy)

1.2 Main Contact Name: \_\_\_\_\_

Main Contact Phone: \_\_\_\_\_

1.3 Website: \_\_\_\_\_

1.4 Date first established: \_\_\_\_\_

1.5 Type of Operations:     Manufacturer       Importer       Wholesaler       Distributor  
     Exporter                       Retailer                       Other \_\_\_\_\_

1.6 Type of Products:     Toys                       Appliances       Clothes               Electronics  
     Furniture                       Hardware               Educational       Sport Equipment  
     Computer                       Games                       Other \_\_\_\_\_

1.7 Total Number of Facilities / Plants:      Home Country      =      \_\_\_\_\_

Elsewhere                      =      \_\_\_\_\_

1.8 Total Number of Employees:              Home Country      =      \_\_\_\_\_

Elsewhere                      =      \_\_\_\_\_

**2. SALES INFORMATION**

2.1. Please list the sales figure for current year, the past 3 years as well as the estimated sales for the forthcoming year and indicate the approx. percentage of sales per country:

Year	Total Sales	USA (%)	Canada (%)	Europe (%)	RoW (%)

2.2. Please complete the following information for the top 5 plants / facilities:

	Address	Total Sales	Products	Production Lines	Daily output in \$
Plant I					
Plant II					
Plant III					
Plant IV					
Plant V					

2.3. Please comment on any spare production line or capacity as it relates to 2.2 above:

\_\_\_\_\_

2.4. Please complete the following information for the top 5 products or if coverage is contract specific, please list products to which this insurance is to apply:

	Product Name/ Type	Total Sales	Average batch size in \$	Largest batch size in \$	Daily output in \$
Product I					
Product II					
Product III					
Product IV					
Product V					

**3. PRODUCT INFORMATION**

3.1. Please list your top 5 customers by percentage of sales. Please classify the customer (wholesale, retail, manufacturing, broker or other):

Customer	% of Applicants Sales	Type of Customer

3.2. Please list the estimated total sales (in percentage) by:

Wholesale	Retail	Manufacturing	Broker	Other
%	%	%	%	%

3.3. Please provide percentage of branded (product manufactured for others with their name), non-branded (products with no name) and/or own label products (with applicants name or brand):

Branded	Non-Branded	Own Label
%	%	%

3.4. What percentages of your products are manufactured by outside vendors? \_\_\_\_\_%

3.5. Please advise how products are packed (e.g. canned, quality seals, vacuum packed, glass, cellophane, paper, cardboard, other (please specify) and whether packing is done in house or by 3<sup>rd</sup> party.

Product	Type of Packaging	In-House or 3 <sup>rd</sup> Party
%	%	%



3.6. What is the average shelf life of your products (as a percentage of total sales)?

One week to one month:	
One month to six months:	
Six months to a year	
More than 1 year	

3.7. Do products require the following:

- External power source to operate?  Yes  No  
 Special storage facilities?  Yes  No  
 Assembly after delivery?  Yes  No  
 Installation?  Yes  No

If yes, what are the average costs of installation per product? \_\_\_\_\_

3.8. Please indicate any new products that have commenced production or have entered the public stream of commerce within the last 12 month:

\_\_\_\_\_

**4. SUPPLIER INFORMATION**

4.1. Are the products ordered to your specifications?  Yes  No

4.2. Do you require suppliers to abide by specified standards?  Yes  No

4.3. Are suppliers quality standards monitored?  Yes  No

If yes, how are standards monitored \_\_\_\_\_

4.4. Please indicate the estimated number of suppliers: \_\_\_\_\_

4.5. Please indicate how many of your suppliers are domestic and how many are foreign:

Domestic = \_\_\_\_\_ Foreign = \_\_\_\_\_

4.6. Please complete in respect of your top 5 suppliers and then all other, per below:

Suppliers Name	Domestic or Foreign	Product(s)	% ingredient of product?
Other			

4.7. Please indicate the average length of contractual relationship with key suppliers: \_\_\_\_\_

- 4.8. Do you have a Vendor Approval Program in place?  Yes  No  
(if yes, please provide a copy)
- 4.9. Do you audit your third party suppliers?  Yes  No  
(if yes, please provide copies of last audits for top 5 suppliers)
- 4.10. Do you have rights of subrogation against all your suppliers?  Yes  No  
(please provide sample copy of contract with suppliers)
- 4.11. Do you require your suppliers to carry Product Recall Insurance?  Yes  No  
If yes, what limits are they required to purchase? \_\_\_\_\_  
What coverage are they required to purchase? \_\_\_\_\_
- 4.12. Do you require your suppliers to carry Product Liability Insurance?  Yes  No  
If yes, what limits are they required buying? \_\_\_\_\_  
Are you requiring to be added to their policy as additional insured?  Yes  No
- 4.13. What percentage of your foreign suppliers and/or manufacturers

	Suppliers %	Manufacturers %	If yes,
a) Carry U.S. Products Liability Coverage?			Limits:
b) Have Vendors Liability Insurance coverage			Limits:
c) Operate a U.S domiciled location			Location:

## 5. QUALITY CONTROL & TESTING

- 5.1 Do you have a Quality Assurance Plan in place (if yes, please provide copy)?  Yes  No
- 5.2 Do you have any SOPs (Standard Operating Procedures) or GMPs (Good Manufacturing Practices) in place?  Yes  No
- 5.3 Is there are Quality Assurance Department  Yes  No
- 5.4 Is the head of the Quality Assurance Department dedicated full time for such work?  Yes  No
- 5.5 Is product testing utilized?  Yes  No
- 5.6 Do you have a testing program at critical control points on the following:
- Incoming material (incl. packaging and labels)  Yes  No  
 Manufacturing / Processing  Yes  No  
 End product (incl. packaging and labels)  Yes  No
- 5.7 Please provide details of procedure(s) used to check incoming material (incl. any Quality Assurance, testing and conformance specifications):  
\_\_\_\_\_

- 5.8 Do you use internal and/or external testing laboratory?     Internal     External
- 5.9 Are labels inspected?     Yes     No
- 5.10 Do warning labels meet applicable industry standards?     Yes     No
- 5.11 Are audits performed by an accredited third party?     Yes     No
- 5.12 Do all of your products, as insured under this policy, comply with all US / Europe regulations and / or local law in the country where sold?  Yes     No

**6. RECALL PREPAREDNESS & TRACEABILITY**

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- 6.1 Does the company have a Recall Plan in place (if yes, please provide copy)?  Yes     No
- 6.2 Does the company have a Crisis Management Plan in place?     Yes     No  
(if yes, please provide copy)
- 6.3 Does the company have a batch coding system utilized?     Yes     No
- 6.4 What percentage of your products can the company identify by the following:

Product Name:	%	Day:	%	Hour:	%
Batch:	%	Shift:	%	Other:	%

- 6.5 To what level can you trace your products handled, manufactured or produced once they have left your care, custody and control?

Please provide details: \_\_\_\_\_

- 6.6 Are records kept of all shipments?     Yes     No
- If yes, for how long: \_\_\_\_\_

- 6.1. Do you collect and monitor customer complains?     Yes     No

6.7 Who can initiate a product recall? \_\_\_\_\_

6.8 What is your estimate likely cost of recall? \_\_\_\_\_

**7. LOSS INFORMATION**

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- 7.1. Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal or third party audit over the past year?     Yes     No

If yes, please provide details: \_\_\_\_\_

- 7.2. In the last 10 years have you withdrawn or recalled any products or have you been responsible for the costs incurred by any third party arising from the withdrawal or recall of any products regardless of any subrogation?     Yes     No

**If yes, please complete a claims supplemental form, as attached.**



7.3. 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

7.4. Do you maintain any Product Liability Insurance?  Yes  No

If yes, what are the limits and deductibles / SIR? \_\_\_\_\_

7.5. Do you maintain any E&O Insurance?  Yes  No

If yes, what are the limits and deductibles / SIR? \_\_\_\_\_

**8. LIMITS & SELF INSURED RETENTION**

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8.1. Limits of Insurance requested: \_\_\_\_\_

8.2. Self Insured Retention Requested: \_\_\_\_\_

**9. COVERAGE**

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9.1. Base coverage under this policy is Recall Costs (incl. third party recall costs) and Consultant Cost. Please indicate what additional elements of Loss you would like to have covered:

- Loss of Profit  3 months  6 months  9 months  12 months
- Rehabilitation Expenses  25%  50%  75%  100%
- Extra Expense
- Replacement Costs
- Customer Loss of Profit
- Customer Rehabilitation Expense
- Customer Extra Expense
- Defense Costs
- Governmental Recall
- Adverse Publicity
- Long Term Agreement

**10. DECLARATIONS**

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I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

I certify that I have read and understand the applicable fraud warning set forth below:

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA- see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.**

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

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

Position: \_\_\_\_\_



## **ADDITIONAL FRAUD NOTICES**

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** 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 IN THE THIRD DEGREE.

**NOTICE TO HAWAII APPLICANTS:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.



## Claims Supplemental Form for Consumer Goods

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1. Name of Applicant: \_\_\_\_\_
  2. Product(s) involved: \_\_\_\_\_
  3. Date and location where incident took place: \_\_\_\_\_
  4. Please provide details of the incident (attach separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
  5. Did the incident result in a recall / withdrawal / stock recovery?  Yes  No
  6. Did the incident result in your customer(s) recalling their product?  Yes  No
  7. How many production lines were affected? \_\_\_\_\_
  8. How many batches / shipments were affected? \_\_\_\_\_
  9. How many production units were affected? \_\_\_\_\_
  10. Please split out % of affected products:  
Post-shipment = \_\_\_\_\_ In storage / distribution = \_\_\_\_\_ In production = \_\_\_\_\_
  11. Please split out overall costs between:  
Recall Costs = \_\_\_\_\_  
Replacement Costs = \_\_\_\_\_  
Loss of Profit = \_\_\_\_\_  
Extra Expense = \_\_\_\_\_  
Other = \_\_\_\_\_  
Total Costs = \_\_\_\_\_
  12. What corrective actions have been taken to prevent a similar incident?  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Position: \_\_\_\_\_