



CRUM & FORSTER®
A FAIRFAX COMPANY

Product Recall Insurance
Application Form
for
Consumer Goods

email productrecall@cfins.com to submit

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 3rd party.

Product	Type of Packaging	In-House or 3 rd 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special storage facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembly after delivery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Manufacturing / Processing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| End product (incl. packaging and labels) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

- 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

- 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

8.1. Limits of Insurance requested: _____

8.2. Self Insured Retention Requested: _____

9. COVERAGE

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:

- | | | | | |
|--|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Loss of Profit | <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> 12 months |
| <input type="checkbox"/> Rehabilitation Expenses | <input type="checkbox"/> 25% | <input type="checkbox"/> 50% | <input type="checkbox"/> 75% | <input type="checkbox"/> 100% |
| <input type="checkbox"/> Extra Expense | | | | |
| <input type="checkbox"/> Replacement Costs | | | | |
| <input type="checkbox"/> Customer Loss of Profit | | | | |
| <input type="checkbox"/> Customer Rehabilitation Expense | | | | |
| <input type="checkbox"/> Customer Extra Expense | | | | |
| <input type="checkbox"/> Defense Costs | | | | |
| <input type="checkbox"/> Governmental Recall | | | | |
| <input type="checkbox"/> Adverse Publicity | | | | |
| <input type="checkbox"/> Long Term Agreement | | | | |

10. DECLARATIONS

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.