



Claim Supplemental

As a condition precedent to this insurance, the applicant submits this application, along with all supplemental documentation and attachments to the Insurer(s) during the underwriting of this program and warrants all statements to be true. If there is not enough space provided to answer the questions, additional supplemental sheets are encouraged. This application must be signed and dated by an officer of the company. This application becomes part of the policy and is to be updated by the applicant if there is any material alteration to the information contained within prior to the completion of the contract of insurance.

1. Description of Incident

1.1. Named Insured _____

1.2. Date of Incident _____

1.3. Description of Incident

1.4. Did this incident result in a mandatory or voluntary recall or withdrawal of product from a third party? Yes No

1.5. Was this incident the result of a defective/contaminated raw material or supplied product? Yes No

1.6. Did this incident result in costs to you? Yes No

1.7. Did this incident result in costs to third parties? Yes No

1.8. Indicate where percentage of accepted product was upon discovery of the incident?

In Production	In Storage	Post Shipment



2. Cost of Incident

- 2.1. Indicate all costs incurred by you or a third party associated with the incident, independent of any insurance coverage:

Cost to replacement/repair affected product	
Loss of Profit	
Recall Costs	
Third Party Costs	
Marketing / Rehabilitation Costs	
Other Costs	
Total Costs	

- 2.2. Were any of these costs indemnified by a third party or supplier? Yes No
2.2.1. If yes, how much? \$ _____
2.2.2. Describe:

- 2.3. Are you still incurring costs or have any outstanding liabilities associated with this incident? Yes No

3. Corrective Actions

- 3.1. Have SOPs or other procedures been changed to prevent similar incidents from happening in the future? Yes No
3.1.1. Describe:



3.2. What additional corrective actions have been taken by you to ensure a similar incident does not happen again?

4. Insurance Coverage

4.1. Were any of the above costs covered under a Recall or Contaminated Products policy? Yes No

4.1.1. If yes, how much? \$ _____

If yes, please provide currently dated Loss Runs.

4.1.2. Was the policy limit exhausted? Yes No

4.2. Were any costs associated with this incident covered under a different insurance policy (GL, Property, Marine, Boiler & Machinery, etc)? Yes No

If yes, please provide currently dated Loss Runs.

4.2.1. How much? \$ _____

5. Additional Comments for Consideration



6. Declarations

I declare that the statements and particulars in this application are true and that no material facts have been mis-stated 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.

Signature: _____

Date: _____

Position: _____