



## Contaminated Products Renewal Application

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 Contaminated Product Insurance 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. Insured

- 1.1. Named Insured \_\_\_\_\_
- 1.2. Address \_\_\_\_\_  
\_\_\_\_\_

### 2. Updated Information

- 2.1. NAICS code: \_\_\_\_\_

- 2.2. Has there been any changes in products or operations in the past 12 months?

2.2.1. If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2.3. Provide the revenues figures for the current year and projected upcoming year:

Current Year:	Projected Upcoming Year

- 2.4. Number of Manufacturing Facilities (Domestic and International) \_\_\_\_\_

- 2.5. Complete the following table for the facility with the largest revenue output:

	Annual Revenues	Value of Daily Output (\$)	Number of Production Lines



Largest Facility			
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2.6. Complete the following table for the product/SKU with the largest revenue:

	Annual Revenues	Value of Daily Output (\$)	Value of Average Batch
Top Product			

2.7. State your largest customer by sales:

Name of Customer	Percentage of sales

2.8. Have there been any changes to controls or testing procedures in the last 12 months?

Yes  No

### 3. Account History:

3.1. Has your product been found to be defective or subject to any recall or withdrawal which has resulted in costs to you or a third party in the past 5 years?

Yes  No

3.2. Has your product been subject to a voluntary or mandatory recall by a governmental authority in the past 5 years?

Yes  No

***If 3.1 or 3.2 have been answered "Yes", please provide a completed claim supplemental.***

3.3. Does the Company have knowledge of any fact, circumstance, or situation which may give rise to a claim under this policy?

Yes  No

***If yes, please provide details in a supplemental document.***

### 4. Additional Comments for Consideration

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**5. 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:** \_\_\_\_\_