



Product Recall 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 Product Recall 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 _____

- 1.3. Website _____
- 1.4. Number of Years in Operation: _____

2. Operations

- 2.1. NAICS code: _____
- 2.2. Description of operations:

- 2.3. Are you looking for the policy to be product specific? If so, please describe.



2.4. Provide the revenues figures for the prior year, current year, and projected upcoming year:

Prior Year:	Current Year:	Projected Upcoming Year

2.5. Number of Manufacturing Facilities (Domestic and International) _____

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

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

2.7. Complete the following table for the product/SKU with the largest revenue:

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

2.8. Indicate the percentage of product sold under the following branding categories:

Own Brand	Third Party Branded/ Private Label	Non-branded / Bulk

2.9. Are you responsible for the design of your products? Yes No

2.10. Are your products made to customer specification/design? Yes No

2.11. What is the estimated failure (PPM) rate of your products? _____ PPM

2.12. Provide a list of your largest customers by sales:

Name of Customer	Percentage of sales



3. Supplier Controls:

3.1. Provide a list of your largest suppliers by sales:

Name of Supplier	Country	Supplied Product

3.2. What percentage of your product is contract manufactured? _____%

3.2.1. If more than 25%, complete the following list of top contract manufacturers by revenues:

Name of Contract Manufacturer	Gross Revenues of Contracted Product	Contracted Product

3.3. Are supplied/contract manufactured product ordered to your specifications? Yes No

3.4. Do you maintain rights of subrogation against your suppliers, vendors, and contract manufacturers? Yes No

3.5. Do you have a vendor approval process? Yes No

3.6. Do you audit or have copies of audit certifications on file for your suppliers, vendors or contract manufacturers? Yes No

3.7. If your supplier audit score drops below a predetermined threshold do you have a process in place to monitor them and/or their products? Yes No

4. Controls:

4.1. Do you have new product validation procedures and change controls? Yes No

4.2. Do you have a production part approval process (PPAP)? Yes No

4.3. Do you have a batch/lot coding system? Yes No



- 4.4. Do you have forwards and backwards traceability? Yes No
4.4.1. Is it electronic? Yes No

- 4.5. What do you do to go above and beyond the minimum regulatory or industry requirements to ensure product safety?

5. Testing & Audits:

- 5.1. Are you ISO 9001:2015 certified? Yes No
5.1.1. What other current certifications do you have? _____

- 5.2. Do you perform critical control point testing on all products? Yes No

- 5.3. What percentage of finished/final product do you test before product is released to your customer? _____ %

- 5.4. Do you test the structural integrity of your products? Yes No

Describe testing and frequency:

- 5.5. Do your customers test your product upon receipt? Yes No

6. Recall Preparedness:

- 6.1. Do you monitor customer complaints? Yes No

- 6.2. Do you monitor trends in warranty claims for individual SKUs/products? Yes No

- 6.3. Do you have a recall plan or Product Non-Conformance Plan? Yes No

7. Account History:

- 7.1. 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



7.2. Has your product been subject to a voluntary or mandatory recall by a governmental authority in the past 5 years? Yes No

If 7.1 or 7.2 have been answered "Yes", please provide a completed claim supplemental.

7.3. 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.

8. Additional Comments for Consideration

9. 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: _____