

# Product Recall Proposal

**NOTICE TO APPLICANTS:**

This proposal does not bind the Applicant or the Company, but it is agreed that this proposal will be the basis of the contract, should a policy be issued. The Applicant undertakes to notify the Company immediately if the information supplied on this proposal changes between the date of this application and the time when the policy is issued.

Date:

**1. GENERAL INFORMATION**

Named Insured:

Address:

Contact Person:

Telephone:

Email Address:

Type of Business  Corporation  Proprietor  Partnership  Joint Venture  Other

Years in Business:

Nature of Business (all that apply):

	Total Annual Turnover (GBP)	% of Turnover
Manufacturing: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Growing: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Distributing: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wholesale: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Retail: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Describe:	<input type="text"/>	

Description of Products:

Coverage Required for All Products?  Yes  No

If no, please list and describe specified products to be covered:

**Turnover - All Products**

Estimated Annual Turnover:

Prior Year Actual Annual Turnover:

**Turnover: Covered Products**

Estimated Annual Turnover:

Prior Year Actual Annual Turnover:

**Geographic Distribution of Turnover**

	Annual Turnover	% of Annual Turnover
United States/Canada:	<input type="text"/>	<input type="text"/>
Europe:	<input type="text"/>	<input type="text"/>
Asia:	<input type="text"/>	<input type="text"/>
Latin America:	<input type="text"/>	<input type="text"/>
Other (list):	<input type="text"/>	<input type="text"/>

**Turnovers of Your Own Brand Named Products**

	Annual Turnover
Europe:	<input type="text"/>
United States/Canada:	<input type="text"/>
Asia:	<input type="text"/>
Latin America:	<input type="text"/>
Other (list):	<input type="text"/>

**For Component Manufacturers**

Describe End Use Applications of Your Products:

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**II. PRODUCT RECALL EXPENSE AND PRODUCT RECALL LIABILITY POLICY**

Limits (Policy Aggregate Applies)

Self Insured Retention (Min. \$25,000)

Please indicate desired limit(s), self-insured retentions and coverage extensions below:

**Product Recall Expense Limit**

Occurrence/Aggregate

- \$1,000,000/£1,000,000
- \$3,000,000/£3,000,000
- \$5,000,000/£5,000,000
- \$10,000,000/£10,000,000
- Other

**Product Recall Liability Limit**

Occurrence/Aggregate

- \$1,000,000/£1,000,000
- \$3,000,000/£3,000,000
- \$5,000,000/£5,000,000
- \$10,000,000/£10,000,000
- Other

Please indicate desired self insured retention options below:

	Product Recall Expense	Product Recall Liability
1.		
2.		
3.		

Recall Expense Co-Insurance Participation:  Yes  No

Extention of Coverage:  Repair, replacement, refund  Impaired property (applies to recall liability only)

Effective Date:

**III. OPERATIONS**

List your five (5) largest customers by name, products sold and associated Turnover:

	Customer	Products Sold	Associated Turnover
1.			
2.			
3.			
4.			
5.			

List your five(5) largest suppliers by name and materials supplied:

	Supplier	Materials Purchased
1.		
2.		
3.		
4.		
5.		

For your five (5) largest product lines, please provide description, annual Turnover, annual number of units produced, largest batch size and number of batches per day>

	Product Description	Annual Turnover	Units Produced Annually	Largest Batch Size	Batches per Day
1.					
2.					
3.					
4.					
5.					

Average inventory turnover per year:

Do you have an in-force written recall plan?  Yes  No

Is a batch coding system utilized?  Yes  No

Is there trace ability back to raw materials/ingredients?  Yes  No

Do you have an in-force written quality assurance plan?  Yes  No If yes, please attach a copy of the table of contents.

What steps are taken to assess the quality standards of your suppliers (specifications, certificates of analysis, etc.)?

Do you perform audits of your suppliers' QA activities?  Yes  No

Are there indemnification/hold harmless agreements relating to product recall?

If yes, please describe agreements

Is there backward traceability for your raw materials?  Yes  No

Has any product been recalled in the past ten years?  Yes  No

If yes, supply the following details for each recall

a. Date of Recall:

b. Reason for recall:

c. Product(s) involved:

d. Total expenses incurred:

e. Methods employed to recall product:

f. Remedy used to correct the product:

g. Corrective measures taken to prevent re-occurrence:

Attach loss runs or summary of product liability losses for past five years

Does the applicant, or do its directors or officers, have any knowledge of any current situation or circumstance which might lead to a claim under a policy or product recall insurance?  Yes  No

If yes, please explain

#### DECLARATION

I/we accept that completion of this proposal form does not bind the Applicant or Liberty Mutual Insurance Europe Limited to effect a contract of insurance. I/we agree that, if an insurance policy or policies are issued, this proposal and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effective hereon. I/we hereby declare that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy and I/we have not omitted, suppressed or misstated any material facts, which may be relevant to underwriters' consideration of this proposal. I/we undertake to inform Liberty Mutual Insurance Europe Limited of any material change to any fact contained herein that occurs prior to inception of the contract of insurance.

Director's Name:

Director's Signature:

Position in Company:

Date:

#### IMPORTANT INFORMATION

##### Data Protection Act 1998

We may store your information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention (see further details below). We will only disclose your personal details to third parties, if it is necessary for the performance of your contract with us. In order to assess the terms of the insurance contract or administer claims which arise, we will need to collect data which the Data Protection Act defines as sensitive such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by the Insurers or the agents. We will keep your information secure at all times. In certain circumstances, for example for systems administration purposes, we may have to transfer your information to another country, which may be a country outside the European Economic Area (EEA). By proceeding with your insurance application, we will assume that you are agreeable for us to transfer your information to a country outside the EEA.

Should you wish to receive a copy of the information we hold on you please contact: The Compliance Department, Liberty Mutual Insurance Europe Limited, 3rd Floor, Two Minster Court, Mincing Lane, London, EC3R 7YE. DX 763 (London/City). Tel: 020 7860 6600 Fax: 020 7860 6290.

##### Your Insurer

This insurance will be underwritten by Liberty Mutual Insurance Europe Limited. Liberty International Underwriters is the trading name of Liberty Mutual Insurance Europe Limited; a firm authorised and regulated by the Financial Services Authority (FSA number 202205). Registered Office: 3rd Floor, Two Minster Court, Mincing Lane, London EC3R 7YE. Tel: 020 7860 6600. Fax: 020 7860 6290. Registered in England. Registration Number 1088268.