

CHUBB®

CHUBB Recall PlusSM

Consumer Goods
Application Form

Please answer the following questions to provide Chubb with the information necessary to properly evaluate your product recall insurance. This information is not only vital for evaluating your exposure; it will also provide Chubb 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.
- Indicate which, if any, of the following are maintained. Please attach a copy of plan/supporting documentation for each program indicated to be maintained.
 - Recall Plan
 - Quality Control / Assurance Plan (incl. SOPs and GMPs)
 - Supplier Approval Plan / Program (incl. contract if in place)
 - Corrective Action Protocols
 - Business Continuity Plan
- This application must be signed and dated by an officer of the company

APPLICANT'S DETAILS

1. Name and Address of Applicant: _____
(Please attach list of subsidiaries, if applicable under this policy)

 Street Address

 City State ZIP Code

2. Main Contact Name: _____ Main Contact Phone: _____

3. Website: _____

4. Date company was first established: _____

5. Business Description: _____

6. Is coverage Contract or Product Specific? (if yes please provide copy of contract) Yes No

7. Total Number of Plants/Facilities: Home Country = _____ Elsewhere = _____

8. Please complete the following information for the top plant / facility

	Total Sales	Products	Production Lines	Daily output in \$
Plant I	\$			\$

SALES INFORMATION

9. Please list the sales figures for the upcoming year, the current year, and the prior year:

Year	Total Sales	USA / Canada(%)	Europe (%)	Other (%)
	\$	%	%	%
	\$	%	%	%
	\$	%	%	%

10. Please complete the following information for the top 3 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 \$	# of units produced per batch
Product I		\$	\$	
Product II		\$	\$	
Product III		\$	\$	

PRODUCT INFORMATION

11. Please list your top 3 customers by percentage of sales:

Customer	% of Applicants Sales
	%
	%
	%

12. Please provide percentage of products as follows:

Branded (third party)	Own Label
%	%

13. What percentages of your products are manufactured by outside vendors? _____%

SUPPLIER INFORMATION

14. Please indicate number of suppliers: Home Country = _____ Elsewhere = _____

15. Do you audit your suppliers? Yes No

16. Do you have hold harmless agreements (rights of subrogation) in place with all of your suppliers? Yes No

17. Please list your top 5 suppliers:

Suppliers Name	Domestic or Foreign	Product(s)

18. Do you require suppliers to abide by specified standards? Yes No

19. Are suppliers quality standards monitored? Yes No

20. Are the products ordered to your design / specifications? Yes No

QUALITY CONTROL & TESTING

21. Do you have the following Quality Control practices / procedures in place?

- a) Dedicated Quality Control / Assurance Department Yes No
- b) Do you operate a research and development department? Yes No
- c) Lean manufacturing? Yes No
- d) Preventative maintenance? Yes No
- e) Predictive maintenance? Yes No
- f) Six Sigma Protocols Yes No
- g) Hold period before shipping? Yes No
- h) "Positive release" procedure? Yes No
- i) Incoming quarantine process? Yes No
- j) Are separate production lines dedicated to different product types? Yes No
- k) Testing Program at critical control points? Yes No
- l) Are audits performed by an accredited third party? Yes No
- m) Do you use a testing laboratory (internally or externally)? Yes No
- n) Label Inspections to guarantee industry and regulatory standards? Yes No
- o) Do you have process change protocols in place? Yes No

RECALL PREPAREDNESS & TRACEABILITY

22. Does the company monitor customer complaints? Yes No

23. Does your company have electronic issue identification and escalation protocol in place? Yes No

24. Is your traceability process electronic? Yes No

25. What percentage of your products can the company identify by the following:

Product Name:	%	Day:	%	Hour:	%
Batch:	%	Shift:	%	Other:	%

LOSS INFORMATION

26. 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 10 years? (If yes, please provide details) Yes No
27. 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? (If yes, please complete a claims supplemental form) Yes No
28. 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? (If yes, please provide details) Yes No

LIMITS & SELF INSURED RETENTION

Limits of Insurance requested: \$ _____

Self-Insured Retention Requested: \$ _____

COVERAGE

Base coverage under this policy includes Recall Costs (incl. third party recall costs) and Consultant Costs.

Please indicate what additional elements of Loss you would like to have covered:

- Business Interruption
- Extra Expense
- Replacement Costs
- Rehabilitation Expenses
- Extortion Costs
- Consequential Damages

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.

In addition, I certify that I have read and understand the applicable fraud warnings set forth below:

Signature: _____

Date: _____

Position: _____

FRAUD WARNING STATEMENTS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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 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 of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 OREGON 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 information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND 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.

NOTICE TO ALL OTHER 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 INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.