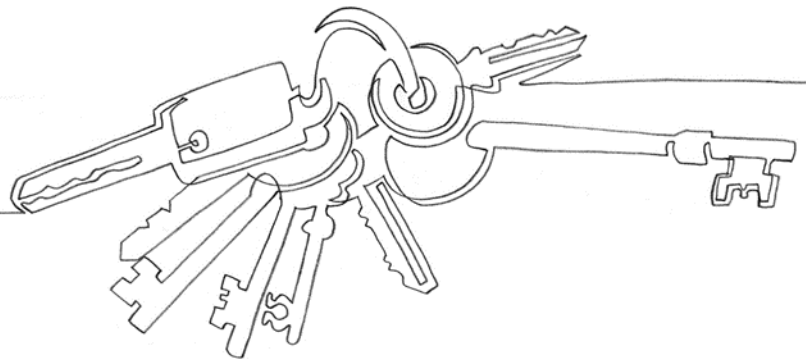


Beazley | Product Recall
Non - Food

beazley



Beazley Product Recall Non-Food

NOTICE: THIS POLICY PROVIDES COVERAGE FOR LOSS FIRST DISCOVERED DURING THE POLICY PERIOD AND REPORTED TO THE INSURANCE COMPANY IN ACCORDANCE WITH THE TERMS OF THIS POLICY. PLEASE REVIEW THE COVERAGE PROVIDED UNDER THIS POLICY CAREFULLY AND DISCUSS WITH YOUR INSURANCE AGENT OR BROKER. ANSWER ALL QUESTIONS COMPLETELY. UNANSWERED QUESTIONS WILL BE INTERPRETED AS HAVING BEEN MARKED "NOT APPLICABLE" BY APPLICANT. IF ADDITIONAL SPACE IS NEEDED TO ANSWER ANY QUESTION FULLY, PLEASE ATTACH A SEPARATE PAGE. THIS APPLICATION WILL BE ATTACHED TO AND MADE PART OF ANY POLICY ISSUED.

Section 1. Applicant Information

1. Applicant's Legal Entity Name:

2. Address:

Street Address

City

State

Zip Code

3. Website:

4. What year was business established? _____

5. Description of Operations and Products:

6. Is coverage Contract or Product Specific?

Yes

No

If so, please provide details below and complete the following application based on this exposure:

Section 2. Sales Information

7. Please provide the following sales information:

Estimated Sales for Upcoming Year	
Current Year Sales	

8. What percentage of sales are manufactured by contract manufacturers?
 _____%

9. Total number of manufacturing facilities: Domestic: _____ Foreign: _____

10. Please provide following information on top manufacturing facility:

Location	Total Sales	Daily Output

Section 3. Product and Customer Information

11. Please provide the following information on top 3 products:

Product	Total Sales	Average Batch Size in \$

12. Please confirm the following information regarding your products:

Do you manufacturer products to customer specification? Yes No

Are you responsible for the design of the products? Yes No

What is the lifespan of your products?

13. Are failure rates of products monitored? Yes No

If yes, what are typical failure rates?

14. Please provide the following information on top 3 customers:

Customer	% of Sales

Section 4. Quality Control Information

15. Please confirm if you have the following in place:

- Quality Control / Assurance Program (incl. SOPs and GMPs)? Yes No
- Six Sigma? Yes No
- Predictive and / or Preventative Maintenance? Yes No
- Lean Manufacturing? Yes No
- Testing at End Products Yes No
- Do customers test upon receipt? Yes No
- Audits performed by an accredited third party (i.e. IATF, ANSI, etc.) ? Yes No

16. What Quality Management Systems do you have in place?

Section 5. Supplier Information

16. Please provide the following information on top 3 suppliers:

Supplier Name	Domestic or Foreign	Product(s)	% of Suppliers

17. Please list the split of suppliers by percentage: Domestic: _____% Foreign: _____%

18. Please confirm if you have the following in place:

- Supplier/Vendor Approval Program? Yes No
- Supplier Audits? Yes No
- Hold Harmless Agreements/Rights of Subrogation? Yes No
- Products ordered to specification? Yes No

Section 6. Recall and Traceability Information

19. Please confirm if you have the following in place:

- Recall Plan Yes No

Mock Recalls? Yes No
If yes, how frequently? _____

Collect and monitor customer complaints? Yes No

20. Do you have an electronic traceability process in place? Yes No
Products are traceable by: Product Day Hour Shift
Other _____

Section 7. Loss Information

21. In the last 5 years have you withdrawn or recalled any products, had an incident where your product has been found to have a product or manufacturing defect, or have you been responsible for such costs incurred by any third party arising out of such events regardless of any subrogation? Yes No
(If yes, please provide root cause, total costs, and corrective actions taken)

22. 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? Yes No

Section 8. Insured Contact Information

23. Main Contact's Name: _____

Email: _____ **Phone Number:** _____

24. Quality Control / Safety Manager's Contact's Name: _____

Email: _____ **Phone Number:** _____

Declaration

The undersigned is authorized by the applicant and declares that the statements set forth herein and all written statements and materials furnished to the insurer in conjunction with this application are true. Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that the statements contained in this application, any supplemental attachments, and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon by the insurer in issuing any policy.

This application and materials submitted with it shall be retained on file with the insurer and shall be deemed attached to and become part of the policy if issued. The insurer is authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The applicant agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the applicant will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

I have read the foregoing application of insurance and any attachment and represent that the responses provided on behalf of the applicant are true and correct.

Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature: _____

Print name: _____

Position held (Owner, partner, authorized officer):

Title: _____

Date: ____/____/____