



APPLICATION FOR PRODUCTS RECALL EXPENSE INSURANCE

APPLICANT'S INSTRUCTIONS:

- 1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full name of applicant (parent company):
b. Principal business premise address: (Street) (County) (City) (State) (Zip)
c. Phone: d. Number of Employees: Full time Part time Seasonal Total
e. Name and Address(es) of Subsidiary(ies):
f. Is any company to be excluded from coverage? [] Yes [] No
g. Disposal coverage desired? [] Yes [] No

2. PRODUCT INFORMATION

- a. (i) Please provide the following information regarding any products you manufacture, sell, handle or distribute.
Table with columns: Type of Product, Annual Sales, Sold To
(ii) Do any of your products become component parts of another company's products?
(iii) If your product is sold to be repackaged under another name, please state to whom the product is sold and the name of the repackaged product.
b. Do you currently plan to introduce or manufacture new products within the next year?
c. Please specify the geographic areas where your products are sold or used:

3. COST/METHOD OF RECALL

a. Has any product ever been recalled? [] Yes [] No

If yes, please supply the following details:

(i) Name of product involved: _____

(ii) Specific reason for the recall: _____

(iii) Date of recall: _____

(iv) Means used to recall product: _____

b. Should it be necessary to recall a product, what means would be used to secure the return of the product? Please provide a detailed explanation. _____

c. What would be the estimated expense of such a recall for the following categories?

| | | | |
|---------------------------------|---------------------------|---------------------------------------|------------------------------------|
| | Hiring of | Remuneration to | Trans./Accommodation |
| <u>Communications \$</u> | <u>Shipping \$</u> | <u>Additional Personnel \$</u> | <u>Regular Employees \$</u> |
| | | | <u>of Employees \$</u> |

d. Do you currently have in place a method to readily convert your sales or distribution system to facilitate the recall of products? [] Yes [] No
If yes, please provide a detailed explanation. _____

e. Do you presently maintain batch or product records, serial numbers or copies of guarantee cards which would facilitate tracing the whereabouts of products being recalled? [] Yes [] No
If yes, please provide a detailed explanation specifically indicating how long such records are retained: _____

4. CLAIMS

a. Are you or any of your employees aware of any facts or situations which might give rise to a claim? . [] Yes [] No
If yes, please provide a detailed explanation on a separate sheet.

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

Applicable to insurance placement via a registered insurance broker in Hong Kong:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Syndicate 3000 at Lloyd's, the syndicate will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Syndicate 3000 that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Syndicate 3000 to proceed with the application.

