



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Product Recall Application Consumable Products

Name of Applicant: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Title: _____
 Telephone: _____ Website Address: _____
 Years in business under present name: _____ Email Address: _____
 Description of Operations: _____

Type of Operations: Bottler Co-Packer Distributor Grower
 Importer Manufacturer Packaging Retailer
 Wholesaler Ingredient Supplier Other: _____

Type of Products: Bakery Beverage Dairy Fruit
 Fish/Seafood Meat/Poultry Nuts/Snacks Pharma/Rx
 Soups/Sauces Vegetables Other: _____

Total number of plants or facilities: USA: _____ Foreign: _____ Total number of employees: _____

Limits and Self-Insured Retentions

	Requested	Present
Limits of Insurance	\$ _____	\$ _____
Self-Insured Retention	\$ _____	\$ _____
Present Insurer: _____		Present Premium: \$ _____

Product Sales Information

Please list the sales figure for the coming year, the past year and the 2nd prior year:

Term	Total Sales	USA/Canada (100%)	Outside USA/Canada (100%)
Estimated (next 12 months)			
Past 12 months			
2 nd prior years			

Please complete the following information for the top 3 plants or facilities. If coverage is contract specific, please check the box and list only those products to which this insurance is to apply: Contract Specific Coverage Only

Address	Total Sales	Top Products	# Production Lines	Daily Output (Pounds)	Average Batch Size (\$)

Product Description

Please list your top 5 customers by percentage of sales and position in product life cycle:

Customer	% of Sales	Distributor, Retailer, Mfg., etc.	Branded (Sold under Customer's Name), Non-Branded (No Name) or Own Label (Sold under Applicant's Name or Brand)

What percentage of your products are manufactured by outside vendors? _____%

What percentage of your products become an ingredient? _____%

What is the average shelf life of your top products? <1 mo ____ % 1-6 mos: ____ % 6-12 mos: ____ % >1 yr: ____ %

Do any of your products contain allergens, genetically modified ingredients or any nutritional boosters? Yes No

If yes, please explain – does your labelling specify these ingredients? _____

Please indicate any new products that have commenced production or have entered the public stream of commerce within the last 12 months: _____

Quality Control and Testing

Do you have a Quality Control Plan in place? Yes No

If yes, please provide a copy.

Do you have HACCP (Hazard Analysis/Critical Control Points) Plan? Yes No

If yes, please provide a copy.

Do you have any SSOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) in place? Yes No

If yes, please provide a copy.

Do you have testing program at critical control points on the following: Yes No

Incoming Material (including packaging and labels): Yes No

Manufacturing/Processing: Yes No

End Product (Including packaging): Yes No

Final Label Review: Yes No

What testing methods are used? (Check all that apply):

- Microbiological X-Ray Visual Metal Detectors
- Magnets Physical Chemical Other: _____

Please provide details of procedure(s) used to check incoming material (including any quality assurance, testing, and conformance specifications): _____

Are separate production lines dedicated to different product types? Yes No

How often do you:

Clean production lines: _____

Break down lines: _____

Maintain product lines: _____

Do you use internal and/or external testing laboratory? Internal External Both

Are records of the results of quality control tests kept so that you can identify at a later date what tests you applied to given products at a given time? Yes No

How far back do your testing records go? (please give numbers of years) _____

Is there a hold period before shipping? Yes No

Is there a "positive release" procedure? Yes No

Is there an incoming quarantine process? Yes No

Are labels inspected? Yes No
If yes, by whom? _____

Do warning labels meet applicable industry standards? Yes No

Are Food Safety Audits performed by an accredited third party? Yes No

Do all of your products that may be insured under this policy comply with all laws and regulations that apply in the country where sold?

- Processing standards: Yes No
- Ingredient standards Yes No
- Labelling standards Yes No
- Packaging standards Yes No
- Pesticides/Fungicides standards Yes No

Supplier Information

Please indicate the estimated number of suppliers: _____

Please indicate how many of your suppliers are domestic and how many are foreign: Domestic: _____ Foreign: _____

Please list your top 5 suppliers:

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

Please indicate the average length of contractual relationship with key suppliers: _____

Do you have a Vendor Approval Program in place? Yes No
If yes, please provide a copy.

Do you audit your third party suppliers? Yes No
If yes, please provide copies of last audits for top 5 suppliers.

Do you have contracts in place with rights of subrogation against all your suppliers? Yes No
Please provide sample copy of contract with suppliers.

Do you require your suppliers to carry Product Recall Insurance? Yes No

Do you require your suppliers to carry Product Liability Insurance? Yes No

Product Security

Do you collect and monitor customer complaints? Yes No

Has the company ever been a direct target of political, racial, environmental, or other extremist or special interest groups? Yes No

If yes, please provide details _____

Does the company import/export with volatile countries or undertake activities which might make it a target of extremist or special interest groups? Yes No

If yes, please provide details _____

Loss Information

Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal audit or third party audit over the past 5 years? Yes No

If yes, please provide details _____

In the last 10 years have you withdrawn or recalled any products or been responsible for costs incurred by any third party arising from the withdrawal or recall of any products regardless of any subrogation? Yes No

If yes, please complete a Claim Supplemental Form

Do you know of any actual, threatened or suspected product tampering involving any of the company's products during the past ten years? Yes No

Does the company or any of its directors or officers have any knowledge of any current situation, fact or circumstances which might lead to a claim under this policy? Yes No

Do you maintain Product Liability Insurance? Yes No

Do you maintain E&O Insurance? Yes No

Coverage

Base coverage under this policy is Recall Costs (including first and third party Recall Costs), Replacement Costs and Consultant Costs.

Please indicate if you would like the following additional endorsement(s) included:

Consequential Loss Endorsement (Additional Third Party/Customer Costs)

Declarations

The undersigned officer of the Applicant declares that:

- a. He or she is authorized to sign this Application on behalf of the Applicant;
- b. To the best of his or her knowledge, the statements made herein are true and correct, and reasonable efforts have been made to ascertain that the information set forth is complete and accurate in all respects;
- c. He or she will notify the insurer immediately in writing if he or she discovers, between the date of this Application and the effective date of the Policy issued on the basis of this Application, any significant adverse change in the condition of the Applicant or other knowledge which renders the information provided in this Application incomplete or inaccurate; and
- d. He or she understands that any quotation or offer of coverage tendered by the insurer is made in reliance upon the accuracy and completeness of the information provided in this Application.

I certify that I have read and understand the applicable fraud warning set forth below:

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 FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in AL, AR,CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, VA, WA, WV – see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.

This Application must be completed, signed and dated to bind coverage. Signing this Application does not obligate the Applicant to purchase insurance.

Applicant Signature

Title

Date

Fraud Statements

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.