

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

	<u>Annual Turnover (GBP)</u>	<u>% of Turnover</u>
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: (Please list)	<input type="text"/>	<input type="text"/>

Turnover of Your Own Brand Named Products

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

For Component Manufacturers

Describe End Use Applications of Your Products:

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

£3,000,000

£5,000,000

£10,000,000

Other (Please State)

Product Recall Liability Limit

Occurrence/Aggregate

£1,000,000

£3,000,000

£5,000,000

£10,000,000

Other (Please State)

Please indicate desired self insured retention options below:

	Product Recall Expense	Product Recall Liability
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>

Recall Expense Co-Insurance Participation?

Extension of Coverage: Repair, Replacement, Refund Impaired property (applies to recall liability only)

Effective Date:

OPERATIONS

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

	<u>Customer</u>	<u>Products Sold</u>	<u>Associated Turnover</u>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	<u>Supplier</u>	<u>Materials Purchased</u>
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

List 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:

	<u>Product Description</u>	<u>Annual Turnover</u>	<u>Units Produced Annually</u>	<u>Largest Batch Size</u>	<u>Batches per Day</u>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Average inventory turnover per year:

Do you have an in-force written recall plan?

Is a batch coding system utilized?

Is there trace ability back to raw materials/ingredients?

Do you have an in-force written quality assurance plan?

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

Do you perform audits of your suppliers' quality assurance activities?

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

If yes, please describe agreements:

Is there backward traceability for your raw materials?

Has any product been recalled in the past ten years?

If yes, supply the following details for each recall (for additional recalls, please supply a separate document):-

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 products liability losses for past five years

Does the applicant, or do its directors or officers, have any knowledge of any current situation or circumstances which might lead to a claim under a policy or product recall insurance?

If yes, please explain:

Additional Information:

Is there any material information, not already provided, of which insurers need to be made aware? If 'Yes' please provide details:

DECLARATION

IMPORTANT NOTICE

Please read the following carefully before you sign and date the form.

The Proposer has a duty to make a fair presentation to the Company of the risk to be insured. A fair presentation of the risk is one in which the Proposer:

- discloses every material circumstance which the Proposer knows of or ought to know of;
- gives the Company sufficient information to put the Company on notice that it will need to make further enquiries in order to reveal those material circumstances;
- makes the disclosures as referred to above in a reasonably clear and accessible manner;
- ensures that every material representation of fact is substantially correct and that every material representation of expectation or belief is made in good faith.

A material fact is one that is likely to influence the Company's judgement and acceptance of your proposal.

This form must be signed by an individual who is part of the Proposer's senior management or is responsible for the Proposer's insurance. "Senior Management" means those individuals who play significant roles in the making of decisions about how the Proposer's activities are to be managed or organised.

I/we accept that completion of this proposal form does not bind the Proposer or COBRA London Markets Limited to effect a contract of insurance.

I/we undertake to inform COBRA London Markets Limited of any material change to any fact contained herein that occurs prior to inception of the insurance.

If it is understood that the undersigned has no knowledge of any pre-existing condition that is likely to necessitate a product recall except as noted above, and the undersigned will notify COBRA London Markets Limited of any situation that arises prior to the inception date of the policy. It is understood and agreed that if such knowledge or information exists, any claim arising there-from is excluded from the proposed insurance.

NAME:

POSITION

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SIGNATURE:

DATE:

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Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.

This Proposal Form has been designed to be completed electronically. Please click [here](#) to return by email.