

Application for RecallResponse® Product Recall Coverage (US)

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. However, if a policy is later issued, this form shall be the basis of and become part of the contract. The undersigned applicant warrants that to the best of his or her knowledge the statements set forth herein are true. The applicant further warrants that if the information supplied on the application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the Company in writing of any change, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreements to bind the insurance.

ALL AMOUNTS STATED ARE IN U.S. DOLLARS

I. General Information

Name of Insured: _____

Address: _____

Contact Person: _____ Telephone: _____

Type of Business: Corporation Individual Proprietor Partnership Other: _____

Web Address: _____ Years in Business: _____

| | | |
|---|-------------------|--------------------------|
| Nature of Business / Description of Products: | Manufacturer | <input type="checkbox"/> |
| | Distributor | <input type="checkbox"/> |
| <u>Largest Brand/Product:</u> | Wholesaler | <input type="checkbox"/> |
| | Retailer | <input type="checkbox"/> |
| | Other (describe): | <input type="checkbox"/> |
| Sales: Approximate Number of Units/ Year: | | |

List Largest Customers:

| | | | |
|----------------------------|-----------------------------------|-------------------|--|
| Total Annual Sales: (US\$) | Current Year: _____ | Prior Year: _____ | Sales for Policy Term Requested (Projected): (next 12 months) |
| Geographic Distribution | Manufacture (as % of total sales) | | Sales (as % of total sales) |
| United States/Canada | | | |
| Europe | | | |
| Asia | | | |
| Latin America | | | |
| Other (List) | | | |

Sales Under Own Name Brand: US \$ _____

Coverage Desired for all Products? Yes No

Or List Specified Products to be covered: _____

Estimated Annual Sales of Covered Products (next 12 months): US \$ _____

For Component Manufacturers:

End Use Applications: _____

II. Product Recall Expense and Product Recall Liability Policy

| Limits (Policy Aggregate Applies) | | Self Insured Retention (Min. \$25,000) – Please indicate below: | |
|--|--|--|------------|
| Coverage A | Coverage B | Coverage A | Coverage B |
| Product Recall Expense | Product Recall Liability | | |
| Occurrence/Aggregate | Occurrence/Aggregate | | |
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | | |
| <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 | | |
| <input type="checkbox"/> \$5,000,000/\$5,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 | | |
| <input type="checkbox"/> \$10,000,000/\$10,000,000 | <input type="checkbox"/> \$10,000,000/\$10,000,000 | | |

Coverage A Participation: 10% Other _____ %

Extensions of Coverage:

Repair, Replacement, Refund

Impaired Property (Applies to Coverage B Only)

Effective Date: _____

III. Operations

1. Do you have an in force written Recall Plan? Yes No
If yes, please attach copy.

2. Is a batch coding system utilized? Yes No
Is there trace ability back to raw materials/ingredients? Yes No

3. Do you have an in force written Quality Assurance Plan? Yes No
If yes, please attach copy of the Table of Contents.

4. What steps are taken to assess the quality standards of your suppliers?
(Specifications, certificates of analysis, etc.) _____

Do you perform audits of your suppliers' QA activities? Yes No

5. Are there indemnification / hold harmless agreements relating to Product Recall? Yes No
If yes, please describe agreements: _____

6. Has any product been recalled in the past ten years? Yes No
If yes, supply the following details for each recall:

a) Product(s) involved: _____

b) Reason for recall: _____

c) Date of Recall: _____

d) Total expenses incurred: _____

e) Methods employed to recall product: _____

Attach Loss Runs or Summary of Product Liability losses for past Five Years.

Does the applicant, or do its directors or officers, have any knowledge of any current situation or circumstance, which might lead to a claim under a policy of product recall insurance? Yes No
If yes, please attach explanation.

In addition to RecallResponse®, WorldSource® may be able to provide Accounts Receivables Insurance. If interested, please complete the questions below and all eligible applicants will receive application materials and a non-binding preliminary indication presented by AIG Trade Credit.

1. List Major Customers:

| Customer Name | Credit Limit |
|---------------|--------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

2. Indicate typical payment terms currently extended to foreign and domestic Buyers, from the shortest to the longest:
 a. Typical domestic terms of sale:
 b. Typical foreign terms of sale:
3. Please provide loss data for over the last three (3) years:

| | Gross Bad Debt Losses | Largest Single Loss (Gross Amount) | <u>Projected</u> Gross Bad Debt Losses |
|-----------|-----------------------|------------------------------------|--|
| Domestic: | | | |
| Foreign: | | | |

Signature of Principal, Partner or Officer

Date

IV. Producer Information

Name of Producer: _____
 Address: _____

 Fax: _____

Contact Person: _____
 Telephone: _____
 Email: _____