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Please email the completed form to info@castlerockagency.com

or fax it to 646-467-7831

Product Recall Insurance

Consumer Goods Application Form

Please answer the following questions to provide us with the information necessary to properly evaluate your product recall insurance. This information is not only vital for evaluating your exposure; it will also provide us with an accurate profile of your company so that we can be an informed partner in this program:

- All questions must be answered completely – if you need more space please continue on a separate sheet of paper and indicate question number.
- Please provide a copy of the following Documents (if applicable):
 - Recall Plan
 - Quality Control / Assurance Plan
 - Six Sigma Protocols
 - Lean Manufacturing Protocols
 - Corrective Action Protocols
 - Crisis Management Plan
 - Financial Statement
- This application must be signed and dated by an officer of the company

APPLICANT'S DETAILS

1. Name and Address of Applicant: _____
 (please attach list of subsidiaries, if applicable under this policy)

 Street Address

 City State ZIP Code

2. Main Contact Name: _____ Main Contact Phone: _____

3. Website: _____ E-mail: _____

4. Date first established: _____

5. Prior Experience in this business under any other name: Yes No

If yes, please provide name of business: _____

6. Type of Operations: Manufacturer Importer Wholesaler Distributor
 Exporter Retailer Other _____

7. Type of Products: Toys Appliances Clothes Electronics
 Furniture Hardware Educational Sport Equipment Computer
 Games Other _____

8. Total Number of Plants/Facilities:
 Home Country = _____ Elsewhere= _____

9. Total Number of Employees:
 Home Country = _____ Elsewhere= _____

SALES INFORMATION

10. Please list the sales figures for the upcoming year, the current year, and the prior 3 years and indicate the approximate percentage of sales per country:

Year	Total Sales	USA (%)	Canada (%)	Europe (%)	Other (%)
	\$	%	%	%	%
	\$	%	%	%	%
	\$	%	%	%	%
	\$	%	%	%	%
	\$	%	%	%	%

11. Please complete the following information for the top 3 plants / facilities:

	Address	Total Sales	Products	Production Lines	Daily output in \$
Plant I		\$			\$
Plant II		\$			\$
Plant III		\$			\$

12. Please comment on any spare production line or capacity as it relates to the top 3 plants / facilities listed above:

13. Please complete the following information for the top 3 products or if coverage is contract specific, please list products to which this insurance is to apply:

	Product Name/ Type	Total Sales	Average batch size in \$	Largest batch size in \$	Daily output in \$
Product I		\$	\$	\$	\$
Product II		\$	\$	\$	\$
Product III		\$	\$	\$	\$

14. Is coverage Contract or Product Specific?
(If yes, please provide a copy of the contract)

Yes No

PRODUCT INFORMATION

15. Please list your top 5 customers by percentage of sales. Please classify the customer (wholesale, retail, manufacturing, broker or other):

Customer	% of Applicants Sales	Type of Customer
	%	
	%	
	%	
	%	
	%	

16. Please list the estimated total sales (in percentage) by:

Wholesale	Retail	Manufacturing	Broker	Other
%	%	%	%	%

17. Please provide percentage of branded (product manufactured for others with their name), non-branded (products with no name) and/or own label products (with applicants name or brand):

Branded	Non-Branded	Own Label
%	%	%

18. What percentages of your products are manufactured by outside vendors? _____%

19. Please advise how products are packed (e.g. canned, quality seals, vacuum packed, glass, cellophane, paper, cardboard, other (please specify) and whether packing is done in house or by 3rd party.

Product	Type of Packaging	In-House or 3 rd Party

20. What is the average useful life of your products (as a percentage of total sales)?

- a. One week to one month: _____%
- b. One month to six months: _____%
- c. Six months to a year: _____%
- d. More than 1 year: _____%

21. Do products require the following:
- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| External power source to operate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special storage facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assembly after delivery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Installation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, what are the average costs of installation per product? _____

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

SUPPLIER INFORMATION

23. Please indicate the estimated number of suppliers: _____
24. Please indicate the average length of contractual relationship with key suppliers: _____
25. Please indicate how many of your suppliers are domestic and how many are foreign:
- Domestic = _____ Foreign = _____
26. Please complete in respect of your top 5 suppliers and then all other, per below:

Suppliers Name	Domestic or Foreign	Product(s)	% component of product?
			%
			%
			%
			%
			%

27. Do you require suppliers to abide by specified standards? Yes No
28. Are suppliers quality standards monitored? Yes No
- If yes, how are the standards monitored? _____
29. Are the products ordered to your specifications? Yes No
30. Do you have a process change protocol in place with all of your suppliers? Yes No
31. Do you have a Vendor Approval Program in place? Yes No
 (if yes, please provide a copy)
32. Do you audit your third party suppliers? Yes No
 (if yes, please provide copies of last audits for top 5 suppliers)
33. Do you have contracts in place with all of your suppliers? Yes No
34. Do you have rights of subrogation against all your suppliers? Yes No
 (please provide sample copy of contract with suppliers)

35. Do you require your suppliers to carry Product Recall Insurance? Yes No
 a. If yes, what limits are they required to purchase? _____
 b. What coverage are they required to purchase? _____
36. Do you require your suppliers to carry Product Liability Insurance? Yes No
 If yes, what limits are they required to purchase? \$ _____
37. Do you require them to add your company as additional insured? Yes No
38. What percentage of your foreign suppliers and/or manufacturers:

	Suppliers %	Manufacturers %	If yes,
a) Carry U.S. Products Liability Coverage?	%	%	Limits: \$
b) Have Vendors Liability Insurance coverage	%	%	Limits: \$
c) Operate a U.S domiciled location	%	%	Location:

QUALITY CONTROL & TESTING

39. Do you have a Quality Assurance Plan in place? (if yes, please provide copy) Yes No
40. Do you have any SOPs (Standard Operating Procedures) or GMPs (Good Manufacturing Practices) in place? (please provide copy) Yes No
41. Do you have Six Sigma protocols in place? (please provide copy) Yes No
42. Do you practice lean manufacturing? (please provide copy) Yes No
43. Do you practice preventative maintenance? (please provide copy) Yes No
44. Do you practice predictive maintenance? (please provide copy) Yes No
45. Is there a Quality Assurance Department? Yes No
46. Do you have a testing program at critical control points on the following:
- i. Incoming material (incl. packaging and labels) Yes No
 - ii. Manufacturing / Processing Yes No
 - iii. End product (incl. packaging and labels) Yes No
47. Do you have procedures for new product validation? Yes No
48. Do you use internal and/or external testing laboratory? Internal External
49. Are labels inspected? Yes No
50. Do warning labels meet applicable industry standards? Yes No
51. Are audits performed by an accredited third party? Yes No
52. Do all of your products, as insured under this policy, comply with all US / Europe regulations and / or local law in the country where sold? Yes No

RECALL PREPAREDNESS & TRACEABILITY

53. Does the company have a Recall Plan in place? (if yes please provide a copy) Yes No
54. Does your company have electronic issue identification and escalation protocol in place? Yes No
55. Does the company have a Crisis Management Plan in place? (if yes, please provide copy) Yes No
56. Does the company have a batch coding system utilized? Yes No
57. What percentage of your products can the company identify by the following:

Product Name:	%	Day:	%	Hour:	%
Batch:	%	Shift:	%	Other:	%

58. Is your traceability process electronic? Yes No
59. To what level can you trace your products handled, manufactured or produced once they have left your care, custody and control?
Please provide details: _____
60. Are records kept of all shipments? Yes No
If yes, for how long: _____
61. Do you collect and monitor customer complains? Yes No
62. Who can initiate a product recall? _____
63. What is your estimate likely cost of recall? _____

LOSS INFORMATION

64. Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal or third party audit over the past 10 years? Yes No
If yes, please provide details: _____
65. In the last 10 years have you withdrawn or recalled any products or have you been responsible for the 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 claims supplemental form.
66. 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
If yes, please provide details: _____
67. Do you maintain any Product Liability Insurance? Yes No
If yes, what are the limits and deductibles / SIR? _____
68. Do you maintain any E&O Insurance? Yes No
If yes, what are the limits and deductibles / SIR? _____

LIMITS & SELF INSURED RETENTION

Limits of Insurance requested: \$ _____

Self-Insured Retention Requested: \$ _____

COVERAGE

Base coverage under this policy includes Recall Costs (incl. third party recall costs) and Consultant Costs.

Please indicate what additional elements of Loss you would like to have covered:

- Loss of Profit
- Rehabilitation Expenses 25% 50% 75% 100%
- Extra Expense
- Replacement Costs
- Extortion Costs
- Customer Loss of Profit
- Customer Rehabilitation Expense
- Customer Extra Expense
- Defense Costs
- Governmental Recall
- Adverse Publicity
- 15 Month Claim Period
- 18 Month Claim Period
- Long Term Agreement

DECLARATIONS

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

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 CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA- see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.

Signature: _____ Date: _____

Position: _____

Castle Rock Capacity LLC
 90 Broad Street Suite 1503 New York, NY 10004
 212-360-2334 castlerockagency.com
 Please email the completed form to info@castlerockagency.com
 or fax it to 646-467-7831

FRAUD WARNING STATEMENTS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: 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 information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

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 INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.