



*Chubb Group of  
Insurance Companies*

Product Withdrawal  
Expense Insurance Application

*This application must be completed for all accounts seeking coverage for Product Withdrawal Expense. All questions must be answered completely. If a question does not apply to your company please answer "not applicable" or "NA." If an answer to a question is "none" please state "one." We realize that additional space may be needed to properly address certain questions, so please attach a separate sheet of paper and identify the question your response pertains to since the proper and thorough completion of this application will better help us understand and price your insurance coverage.*

*This application does not bind you or the Company to complete the contract of insurance. This application is for claims made coverage. If this application is completed by issuance of a policy, this application shall become part of that policy.*

A. Please provide the following documents and materials along with this application, completed, signed and dated:

**Product Quality Assurance Program**

\_\_\_\_\_ enclosed                      \_\_\_\_\_ information to follow                      \_\_\_\_\_ does not exist (see supplement)

**Product Recall Plan**

\_\_\_\_\_ enclosed                      \_\_\_\_\_ information to follow                      \_\_\_\_\_ does not exist (see supplement)

**B. General Information**

If necessary, use additional sheets in order to provide the requested information.

1. Named Insured (or list all companies to be insured) \_\_\_\_\_

a. Principle Address:

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City)    \_\_\_\_\_ (State/Country)    \_\_\_\_\_ (Postal Code)

b. Recall Contact Person: \_\_\_\_\_ (Name)    \_\_\_\_\_ (Telephone Number)

**C. Coverage Requested**

1. a. Each Defect and Aggregate Limit of Insurance requested:

|            |       |              |       |
|------------|-------|--------------|-------|
| \$ 50,000. | _____ | \$ 300,000.  | _____ |
| \$100,000. | _____ | \$ 400,000.  | _____ |
| \$150,000. | _____ | \$ 500,000.  | _____ |
| \$200,000. | _____ | \$1,000,000. | _____ |
| \$250,000. | _____ |              |       |

b. Retained Limits requested:

|           |       |            |       |
|-----------|-------|------------|-------|
| \$ 5,000. | _____ | \$100,000. | _____ |
| \$10,000. | _____ | \$150,000. | _____ |
| \$15,000. | _____ | \$200,000. | _____ |
| \$25,000. | _____ | \$250,000. | _____ |
| \$50,000. | _____ | \$500,000. | _____ |

**D. Product Information**

Please provide a list of products produced or supplied by the Company and to which this insurance is proposed to apply.

| Name of Product | Nature of Product | Approximate Annual Sales | Date First Marketed | Shelf Life |
|-----------------|-------------------|--------------------------|---------------------|------------|
|                 |                   |                          |                     |            |
|                 |                   |                          |                     |            |
|                 |                   |                          |                     |            |
|                 |                   |                          |                     |            |

**E. Product Characteristics**

1. Are any of your products perishable? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What methods of distribution are used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Please provide details of your largest contracts in the past three years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What percentage of your products are distributed outside the country of principle address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If your products are manufactured by lot or branch number, what is the maximum lot or batch size? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. New Product Development and Introduction**

Will any new products be introduced during the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Past Product Recall History**

1. Have any of your products ever been recalled? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever received a safety or recall warning letter from the Food or Drug Agency or any other Governmental agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I have read the above Application. I hereby certify that the statements made and the information and the data supplied herein are true, accurate and complete. These statements, information and data are given for the specific purpose of inducing the insurer to issue an insurance policy. It is agreed that if any statement, information or data given in this Application is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

\_\_\_\_\_  
Signature of First Named Insured

Title \_\_\_\_\_

(May not be signed by producer.)

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Producer

**INSURANCE FRAUD WARNING:**

**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 AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

# Special Supplement

*This application must be completed on all accounts where the insured's Recall Plan is outdated and is presently being updated. All questions must be answered completely. If a question does not apply to the insured please answer "not applicable" or "NA." If an answer to a question is "none" please state "none." We realize that additional space may be needed to properly address certain questions, so please attach a separate sheet of paper and identify the question your response pertains to since the proper and thorough completion of this application will better help us understand and price your insurance coverage.*

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*This is to be used only in circumstances where the insured's Recall Plan is outdated and is presently being updated. The supplement will be attached to the applicant's PRODUCT WITHDRAWAL EXPENSE INSURANCE APPLICATION with the formal Products Recall Plan being in effect by the day in which coverage is bound.*

Is there a product liability or risk management safety committee? Yes \_\_\_\_\_ No \_\_\_\_\_

How often does it meet? \_\_\_\_\_

## PRODUCT IDENTIFICATION AND TRACKING

How can the product be identified?

batch number

Average number of units per batch \_\_\_\_\_

Largest batch \_\_\_\_\_

serial number

company markings and data stamps

it can't be identified

other \_\_\_\_\_

Ease in tracking product

records kept on computer

records kept manually

tracking through distribution network

records not kept

other \_\_\_\_\_

## PRODUCT WITHDRAWAL AND CRISIS MANAGEMENT PLAN

Who wrote the plan? \_\_\_\_\_

Senior management involvement

Involvement of a products attorney in reviewing or writing plan

Who is responsible for the implementation and quality control of the product recall plan? (Name and Title)

\_\_\_\_\_

Is the plan tested? Yes \_\_\_\_\_ No \_\_\_\_\_

How often? \_\_\_\_\_

Are regular audit procedures in place to assure updating of plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**WITHDRAWAL AND FOLLOW-UP PROCEDURES**

Lists of customers readily available? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_  
\_\_\_\_\_

Lists of distributors readily available? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_  
\_\_\_\_\_

Audit procedure in place to assure product withdrawal is progressing as planned? Yes \_\_\_\_\_ No \_\_\_\_\_

**CUSTOMER NOTIFICATION**

How does the company plan to notify customers and distributors should a product recall be necessary?

- press releases
- radio or TV advertising
- directly from customer records
- point of sale
- through distributors
- Other \_\_\_\_\_

**CERTIFICATION**

I have read the above Application. I hereby certify that the statements made and the information and the data supplied herein are true, accurate and complete. These statements, information and data are given for the specific purpose of inducing the insurer to issue an insurance policy. It is agreed that if any statement, information or data given in this Application is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

\_\_\_\_\_  
Signature of First Named Insured

Title \_\_\_\_\_

(May not be signed by producer.)

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Producer

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