



Insurance Innovators, Inc. - Product Recall Division

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Application Form for Suppliers & Component Parts

Please answer the following questions.

- 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 your Recall Plan, Quality Control / Assurance Plan and Crisis Management Plan
- This application must be signed and dated by an officer of the company

1. APPLICANT'S DETAILS

1.1 Name and Address of Applicant: _____

(please attach list of subsidiaries, if applicable under this policy)

1.2 Main Contact Name: _____

Main Contact Phone: _____

1.3 Website: _____

1.4 Date first established: _____

1.5 Type of Operations: Manufacturer Assembler Importer Wholesaler
 Distributor Exporter Retailer
 Other _____

1.6 Type of Products: Automotive Critical Automotive Non-Critical Tires
 Airbag Seatbelt Electronics Boats / Ships
 Computer Machinery Plastics Building Materials

1.7 Total Number of Facilities / Plants: Home Country = _____

Elsewhere = _____

1.8 Total Number of Employees: Home Country = _____

Elsewhere = _____

2. SALES INFORMATION

2.1 Please list the total sales figure for the past 2 years as well as the estimated sales for the forthcoming year and indicate the approximate percentage split in sales per territory:

Year	Total Sales	USA / Canada in %	Europe in %	Other %

2.2 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					

2.3 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 \$	Daily output in \$
Product I				
Product II				
Product III				

2.4 Taking question 2.1 into account, please detail your 3 largest contracts in the last 24 months:

Customer = _____ Total Sales = _____
 Customer = _____ Total Sales = _____
 Customer = _____ Total Sales = _____

2.5 Taking question 2.1 into account, please detail your average / normal contract size

3. PRODUCT INFORMATION

- 3.1 What percentage of your products is manufactured by an outside vendor? _____%
- 3.2 Do you operate a research and development department? Yes No
- 3.3 Do you do your own design work? Yes No
- 3.4 Do you maintain records of design change and reasons? Yes No

- 3.5 Do you manufacture any of your products to the specification of your customer? Yes No
- 3.6 Are your designs subject to independent external review, testing or certification? Yes No
- 3.7 Are your products designed, tested, labeled and manufactured to meet or exceed all governmental and industry standards? Yes No
- 3.8 Are your products designed, tested, labeled and manufactured for optimum safety in spite of misuse or abuse? Yes No
- 3.9 What is the life expectancy of your products (give numbers of years)? _____
- 3.10 What is the failure rate of each product after handover (please state in each case whether this is based on actual experience)?

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

4. SUPPLIER INFORMATION

- 4.1. Please complete in respect of your top 3 suppliers and then all other, per below:

Suppliers Name	Product(s)	Do you Audit?	Right of Subrogation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 4.2. With what percentage of your suppliers do you have contracts that set out hold harmless and indemnity provisions inuring to your benefit in the event of your being supplied with defect products? _____%
- 4.3. Are the products ordered to you specifications? Yes No
- 4.4. Have you determined which ones are critical to the safety of your final product? Yes No
- 4.5. Are warranties obtained from all suppliers? Yes No

5. QUALITY CONTROL & TESTING

- 5.1 Do you have a Quality Assurance Plan in place (if yes, please provide copy)? Yes No
- 5.2 Do you have any SOPs (Standard Operating Procedures) or GMPs (Good Manufacturing Practices) in place? Yes No
- 5.3 Is there are Quality Assurance Department Yes No

- 5.4 Is the head of the Quality Assurance Department dedicated full time for such work? Yes No
- 5.5 Do you have a testing program at critical control points on the following:
- Incoming material (incl. packaging and labels) Yes No
 Manufacturing / Processing Yes No
 End product (incl. packaging and labels) Yes No
- 5.6 Are records of result 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
- 5.7 How far back do your records go (please give numbers of years)? _____
- 5.8 If your products are manufactured to the specification of your customer do they test the products upon receipt? Yes No
- 5.9 Do you receive an acceptance sign-off from you customer? Yes No

6. RECALL PREPARDNESS & TRACEABILITY

- 6.1 Does the company have a Recall Plan in place (if yes, please provide copy)? Yes No
- 6.2 Does the company have a Crisis Management Plan in place? (if yes, please provide copy) Yes No
- 6.3 Does the company have a batch coding system utilized? Yes No
- 6.4 What percentage of your products can the company identify by the following:

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

- 6.5 To what level can you trace your products handled, manufactured or produced once they have left your care, custody and control?
 Please provide details: _____
- 6.6 Are records kept of all shipments? Yes No
 If yes, for how long: _____

7. LOSS INFORMATION

- 7.1. 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 year? Yes No
 If yes, please provide details: _____
- 7.2. 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, as attached.

- 7.3. Does the company know of any actual, threatened or suspected product tampering involving any of the company's products during the past 10 years? Yes No
- 7.4. 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

8. LIMITS & SELF INSURED RETENTION

- 8.1. Limits of Insurance requested: _____
- 8.2. Self Insured Retention Requested: _____

9. COVERAGE

- 9.1. Base coverage under this policy is Recall Costs (incl. third party recall costs), Defense Costs and Consultant Cost. Please indicate what additional elements of Loss you would like to have covered:
- Customer Loss of Profit
 - \$250,000 \$500,000 \$750,000 \$1,000,000 Other _____
 - Customer Extra Expense
 - Customer Rehabilitation Expense
 - 25% 50% 75% 100%
 - Replacement Costs
 - Governmental Recall
 - Long Term Agreement

10. 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: _____