

6. If you manufacture products, are these:

- a. Sold as Branded Products YES/NO* If YES%
- b. Sold as Own Label (ie Retailer's Name) YES/NO* If YES%
- c. Principal Brand Names Used

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Are hold harmless contractual agreements in force with your suppliers? YES/NO*

7. Are any or your products (please specify) subject to regulatory agencies having authority to order a recall?

8. Are your products Batch Coded? YES/NO* If YES, Est %

By Hour% By Shift% By Day% Other (please specify)

9. If a product is recalled, can a product be traced so that both the source and the destination of individual batches can be identified? YES/NO*

10. Are records kept of all shipments? YES/NO*

If YES, for how long? Months/Years

11. Is there a centralised corporate system for handling consumers' product complaints?
YES/NO*

If NO, why not?

If YES, are records of these kept? YES/NO

12. In the event that it becomes necessary to recall a product, what means would be used to secure the return of the product? How much estimated expense would this entail?

- a. Communications
- b. Shipping
- c. Hiring of additional personnel
- d. Remuneration to regular employees
- e. Transportation and accommodation of employees
- f. Rental of additional warehouse or storage space
- g. Other (Specify)

13. Has any product ever been recalled? _____ If yes, supply the following details:
(Yes or No)

- a. Produce involved
- b. Reason for recall
- c. Date of recall
- d. Total expense incurred
- e. Method employed to recall product

14. Do any of the products to be covered become components in any other products? YES/NO*

If YES, please give details.

15. Has the Applicant attained a formal Quality Control Specification, such as:

- a. ANSI/ASQC-Q90.
- b. ISO 9000.
- c. BS 5750.
- d. An equivalent to any of the above?

Risk Management Procedures

16. Please advise whether you have the following:

- a. Crisis Management Plan YES/NO*
- b. Recall Plan YES/NO*
- c. Public Relations Plan YES/NO*
- d. Quality Control Guidelines YES/NO*

If YES to any of the above, please send copies with this Application.

- 17. a. When were these guidelines last reviewed?
- b. Who can initiate a major recall?
- c. Who is on the Crisis Management team?
- d. Are they available 24 hours per day?

18. Who are your existing retained advisers?

- a. Public Relations.....
- b. Accountants
- c. Security
- f. The estimated cost (including gross loss of profit).

19. What limits are requested?

20. What deductible is requested?

Third Party Exposure

- 21. Do you require extension of coverage in respect of Third Party Recall expenses? YES/NO
- 22. If YES please state your maximum perceived exposure per customer/client.

I/We the undersigned, acting for and on behalf of the applicant company declare that to the best of our knowledge and belief, the information provided in this application form is true, and I/we have not withheld any material information which might affect the judgement of Underwriters in their rating and acceptance of this risk. I/We agree that if a contract of insurance is provided by Underwriters, this application form and any attached details of previous experience shall be the basis of such a contract.

Signature **Date**

Position