TOTAL RECALL + TM

BRAND PROTECTION POLICY CONSUMER PRODUCTS

Application Form

- 1. All questions must be answered completely.
- 2. If you need more space, please continue on a separate sheet of paper and indicate question
- 3. This Application must be signed and dated by a principal of the company.

<i>3</i> . 4.		Please attach your latest Financial Statement and Annual Report.				
1.	Nam	Name and address of Applicant.				
2.	Names & addresses of subsidiaries (if applicable under this policy).					
3a.	Nature of Business Activity (% of total turnover).					
	Retailer: Est% Wholesaler: Est% Manufacturer: Est%.					
	Raw Materials Supplier: Est% Other: (please specify) Est%					
3Б.	Principal Product Lines.					
4.	a)	Total Company Re	venue ('000s) This Year Last Year			
	b)	b) Description of Largest Product Lines				
5.	Location of core manufacturing/sales operations (please specify).					
	UK		Manufacturing% Sales%			
	Europe		Manufacturing% Sales%			
	North America		Manufacturing% Sales%			
	Other (please specify)		Manufacturing% Sales%			

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				
	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:				

BTR97

	d.	An equivalent to any of the above?		
Risk M	lanagen	nent Procedures		
16,	Please advise whether you have the following:			
	а.	Crisis Management Plan YES/NO*		
	ь. c.	Recall Plan YES/NO* Public Relations Plan YES/NO*		
	d.	Quality Control Guidelines YES/NO*		
	IfYES	to any of the above, please send copies with this Application.		
17.	a.	When were these guidelines last reviewed?		
• / .	ь.	Who can initiate a major recall?		
	c.	Who is on the Crisis Management team?		
	d.	Are they available 24 hours per day?		
18.	Who ar	e your existing retained advisers?		
	a.	Public Relations		
	b.	Accountants		
	c.	Security		
	f.	The estimated cost (including gross loss of profit).		
19.	What li	at limits are requested?		
20.	What de	eductible is requested?		
Third	Party Ex	·		
I III C	uity Da	rposite.		
21.	Do you	require extension of coverage in respect of Third Party Recall expenses? YES/NO		
22.	IfYES	please state your maximum perceived exposure per customer/client.		
I/We th	e unders	igned, acting for and on behalf of the applicant company declare that to the best of our knowledge and		
belief, t which t contract	the infon might af t of insur	mation provided in this application form is true, and I/we have not withheld any material information feet the judgement of Underwriters in their rating and acceptance of this risk. I/We agree that if a rance is provided by Underwriters, this application form and any attached details of previous experience is of such a contract.		
Signature				
Position	n			

ANSI/ASQC-Q90.

ISO 9000.

BS 5750.

a.

b.

c.