

**Application for
RecallResponse®
Product Recall Coverage (Canada)**

Lexington Insurance Company

Name of Insurance Company to Which Application is Made
(herein called the Company)

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. However, if a policy is later issued, this form shall be the basis of and become part of the contract. The undersigned applicant warrants that to the best of his or her knowledge the statements set forth herein are true. The applicant further warrants that if the information supplied on the application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the Company in writing of any change, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreements to bind the insurance.

ALL AMOUNTS STATED ARE IN CANADIAN DOLLARS

I. General Information

Name of Insured: _____
 Address: _____
 Contact Person: _____ Telephone: _____

Type of Business: Corporation Individual Proprietor Partnership Other: _____

Years in Business: _____

Nature of Business / Description of Products: _____

Web Address: _____

II. Product Recall Expense and Product Recall Liability Policy

Limits (Policy Aggregate Applies)		Self Insured Retention (Min. \$25,000) – Please indicate below:	
Coverage A	Coverage B	Coverage A	Coverage B
<i>Product Recall Expense</i>	<i>Product Recall Liability</i>		
<i>Occurrence/Aggregate</i>	<i>Occurrence/Aggregate</i>		
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$1,000,000/\$1,000,000		
<input type="checkbox"/> \$2,000,000/\$2,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000		
<input type="checkbox"/> \$5,000,000/\$5,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000		
<input type="checkbox"/> \$10,000,000/\$10,000,000	<input type="checkbox"/> \$10,000,000/\$10,000,000		

Coverage A Participation: 10% Other _____ %

Extensions of Coverage:

- Repair, Replacement, Refund
- WorldWide Coverage Territory
- Impaired Property (Applies to Coverage B Only)

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Effective Date: _____

Coverage Desired for all Products? Yes No

Or List Specified Products to be covered: _____

Estimated Annual Sales of Covered Products (next 12 months): _____

Sales History (CAN \$): Current year: _____ Prior year: _____
2nd prior: _____ 3rd prior: _____

III. Operations

For Component Manufacturers:

End Use Applications: _____

List Major Customers: _____

For End Product Manufacturers:

Type of Product: Industrial Commercial Consumer
Approximate Number of Units/ Year: _____

For Retailers/ Distributors: Sales Under Own Name Brand: CAN \$ _____
Sales From Foreign Vendors: CAN \$ _____

1. Do you have an in force written Recall Plan? Yes No
If yes, please attach copy.

2. Is a batch coding system utilized? Yes No
Is there trace ability back to raw materials/ingredients? Yes No

3. Do you have an in force written Quality Assurance Plan? Yes No
If yes, please attach copy of the Table of Contents.

4. What steps are taken to assess the quality standards of your suppliers?
(Specifications, certificates of analysis, etc.) _____

Do you perform audits of your suppliers' QA activities? Yes No

5. Are there indemnification / hold harmless agreements relating to Product Recall? Yes No
If yes, please describe agreements:

6. Has any product been recalled in the past ten years? Yes No
If yes, supply the following details for **each** recall:

a) Product(s) involved: _____

b) Reason for recall: _____

c) Date of Recall: _____

d) Total expenses incurred: _____

e) Methods employed to recall product: _____

Attach Loss Runs or Summary of Product Liability losses for past Five Years.

Does the applicant, or do its directors or officers, have any knowledge of any current situation or circumstance, which might lead to a claim under a policy of product recall insurance? Yes No
If yes, please attach explanation.

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It is understood that the undersigned has no knowledge of a pre-existing condition likely to necessitate a product recall except as noted above, and the undersigned will notify the Company of any situation that arises prior to the inception date of the policy. It is understood and agreed that if such knowledge or information exists, any claim arising therefrom is excluded from the proposed insurance.

Signature of Principal, Partner or Officer

Date

IV. Producer Information

Name of Producer: _____

Contact Person: _____

Address: _____

Telephone: _____

Email: _____

Fax: _____

PLEASE RETURN TO:



Lexington Insurance Company
100 Summer Street
Boston, MA 02110