



Swett & Crawford

PRODUCT CONTAMINATION / RECALL Application Form

All questions must be answered completely.

If you need more space, please continue on a separate sheet of paper and indicate question number.

This Application must be signed and dated by a principal of the company.

Please attach your latest Financial Statement and Annual Report.

1. Name and address of Applicant. _____

2. Names & addresses of subsidiaries (if applicable under this policy). _____

3. Nature of Business Activity (% of total turnover).

(a) Retailer: Est _____ % Wholesaler: Est _____% Manufacturer: Est _____ %.

Raw Materials Supplier: Est _____ % Other: (please specify) _____

(b) Principal Product Lines.

Food: Est _____ % Drink: Est _____ % Pharmaceutical: Est _____ %

Tobacco: Est _____ % Cosmetics: Est _____ % Others: (please specify) _____ Est _____ %

4. (a) Total Company Revenue ('000s) _____

(b) Revenue of Product Lines to be Covered ('000s) _____

Principal Brand Names Used					
Description of Largest Product Lines					
Product Lines	Year (prior) _____	Year (current) _____	Year (next) _____	Est. Profit % Revenue	
	Revenue (000's)	Est. Revenue (000's)	Est. Revenue (000's)	Gross	Net
1.					
2.					
3.					
4. Other Product Lines*					
Total 1-4					

* Please describe other Product Lines to be covered





5. Location of core manufacturing/sales operations (please specify).

UK	Manufacturing _____ %	Sales _____ %
Europe	Manufacturing _____ %	Sales _____ %
North America	Manufacturing _____ %	Sales _____ %
Other (please specify) _____	Manufacturing _____ %	Sales _____ %

Applicant's Products

6. If you manufacture goods, are these:

(a) Sold as Branded Products Yes No If YES _____ %

(b) Sold as Own Label (ie Retailer's Name) Yes No If YES _____ %

Are hold harmless contractual agreements in force with your suppliers? Yes No

7. What is the average shelf life of your products (as % of total turnover)?

(a) Less than one week _____ %

(b) One week to six months _____ %

(c) One month to six months _____ %

(d) Indefinite shelf life _____ %

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 centralized corporate system for handling consumers' product complaints? Yes No
If NO, why not? _____

If YES, are records of these kept? _____

Are these available for underwriters to appraise? Yes No

12. Has the company or its products ever been the target of politically, racially or environmentally activated single interest groups eg ethnic or religious minorities, or animal rights groups? Yes No
If YES, please specify. _____

Does the company undertake any activities either directly or indirectly which make it a target for such groups? Yes No

13. Do any of the products to be covered become components in any other products? Yes No
If YES, please give details. _____

14. What percentage of the Applicant's products to be covered under this policy use tamper evident packaging?

% _____ Please supply details of its specification. _____





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15. Please indicate the costs your company would incur to recall a top product. These should include:

	Min.	Avge.	Max.
(a) Advertising the recall			
(b) Transport, relocation and destruction			
(c) Public Relations and legal fees			

16. Please indicate the costs your company would incur to rehabilitate a top product.

	Min	Avge	Max
(a) Repackaging, renaming and relaunching			
(b) Advertising			
(c) Public Relations fees			

17. 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?

Applicant's Employees

18. Total number of employees _____

If more than one country, please give breakdown. _____

19. Has there been any industrial action or plant closure over the last three years? Yes No
If YES, please give details. _____

20. Have there been any Health and Safety violations or Wrongful Dismissals over the last three years? Yes No
If YES, please supply details. _____

Risk Management Procedures

21. 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

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

- (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? _____

23. Who are your existing retained advisers?

- (a) Public Relations _____
- (b) Accountants _____
- (c) Security _____





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24. Have there been any incidents over the last five years which might have given rise to a claim under a Malicious Products Tamper, Products Extortion or Accidental Contamination policy? Yes No

If YES, please attach full details of the incidents which must include the following information.

- (a) Product Name
- (b) Description of Product
- (c) Location of Incident
- (d) Duration of Incident
- (e) Steps taken to reduce the loss
- (f) The estimated cost (including gross loss of profit).

25. Please give details of any major food hygiene recommendations made in the last 12 months by any regulatory agency or inspector that have not been implemented. _____

26. Does the Applicant, or do its directors or officers have any knowledge of any current situation, fact or circumstance which might lead to a claim under a Malicious Products Tamper, Products Extortion or Accidental Contamination policy? Yes No

If YES, please give full details. _____

27. What limits are requested?

(a) Malicious Products Tamper/Accidental Contamination

(b) Products Extortion (automatic cover is provided for £/US\$/C\$100,000 as applicable. If quotes for greater sums insured are required, please indicate).

28. What deductible is requested? (not applicable to Products Extortion) _____

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 _____

