AXON
CRISIS MANAGEMENT

CLAIM SUPPLEMENTAL APPLICATION

Axon Crisis Management

MARINE
PROFESSIONAL
MIDDLE MARKET
ENVIRONMENTAL
CRISIS MANAGEMENT

innovative solutions, underwriting excellence

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CLAIM SUPPLEMENTAL APPLICATION

All questions must be answered completely. If you need more space, please continue via addendum to the application and indicate the number of the question. This application must be signed and dated by a principal of the company.

1. Name of applicant:
2. Date of incident:
3. Products involved:
4. Location where incident took place:
5. Please provide details of the incident (attach separate sheet if necessary):

6. Did the incident result in a recall/withdrawal/stock recovery? ☐ Yes ☐ No
7. Did the incident result in your customer(s) recalling their product? ☐ Yes ☐ No
8. How many production lines were affected?
9. How many batches were affected?
10. How many production units were affected?
11. Please split out % of affected products:

    Post shipment = _____% In storage/distribution = _____% In production = _____%

12. Please split out overall costs/damages between:

	1st Party (Insured) Costs/Damages	3rd Party (Customer) Costs/Damages
Recall Costs:	$_____	$_____
Replacement Costs:	$_____	$_____
Loss of Profit:	$_____	$_____
Extra Expense:	$_____	$_____
Other:	$_____	$_____
Total Costs:	$_____	$_____

13. What corrective actions have been taken to prevent a similar incident?

14. Was the incident the result of a defect of a supplied product? ☐ Yes ☐ No

    a. If so, did you attempt to collect from the party that caused the loss? ☐ Yes ☐ No
    b. What amount, if any, was recovered? $_____

Comments of Subrogation:

15. At the time of discovery of the incident, did the insured purchase Product Recall or Contamination Insurance? ☐ Yes ☐ No

    a. If so, what limits were purchased? $_____

16. What was the total paid loss under this policy? (please provide loss runs for this referenced policy)
    $_____

17. Were any costs associated with this incident recovered under a policy other than Product Recall or Contamination(e.g. GL, Boiler and Machinery, etc.)? ☐ Yes ☐ No

Please describe:

FRAUD WARNINGS

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company.

Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICATIONS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of fraud and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA, AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I declare that the statements and particulars in this application are true to the best of my knowledge and that no material facts have been intentionally 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 affected thereon.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____

AGENT NAME: _____ **AGENT LICENSE NUMBER:** _____

Industry App Disclaimer

Where approved by carriers, Axon provides broad-based application forms to facilitate placement of coverage for certain clients with industry-specific risks. While these broad-based forms are intended to streamline the underwriting process, it does not eliminate or limit each client's responsibility to fully provide all initial and supplemental insurance application information requested by carriers for placements on individual accounts. While Axon will transfer all information received from clients to carriers during the application process, it is the insured's responsibility to complete applications, provide accurate and complete information, and respond to all carrier questions and information requests regarding the underwriting of insurance for the client's account.