



APPLICATION FOR INSURANCE

Consumer Product Recall

MARINE
PROFESSIONAL
MIDDLE MARKET
ENVIRONMENTAL
CRISIS MANAGEMENT

*innovative solutions,
underwriting excellence*

Axon Underwriting Services, LLC
198 West High Street
Somerville, NJ 08876
(908)-947-0867
www.axonu.com

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

CONSUMER GOODS PRODUCT RECALL INSURANCE APPLICATION

SECTION 1—APPLICANT INFORMATION

Applicant Name: _____

Mailing Address: _____

Physical Address: _____

Contact Name: _____ Contact Title: _____

Telephone: _____ Website: _____

Year business started operation: _____

SECTION 2—OPERATIONS

| | |
|----------------------------|--|
| Description of Operations: | |
| Products: | |
| Average Profit Margin: | |
| Annual Advertising Budget: | |
| Total Number of Employees: | |

SECTION 3—REVENUE

| Revenue | Projected Revenue | Current Year | Previous Year |
|------------------------------|-------------------|--------------|---------------|
| United States: | \$ | \$ | \$ |
| Canada/Mexico: | \$ | \$ | \$ |
| Europe/EFTA: | \$ | \$ | \$ |
| Australia/New Zealand/Japan: | \$ | \$ | \$ |
| China/Far East: | \$ | \$ | \$ |
| Africa: | \$ | \$ | \$ |
| Central/South America: | \$ | \$ | \$ |
| Total: | \$ | \$ | \$ |

SECTION 4—PRODUCTION FACILITIES

| | |
|--|--|
| Total number of manufacturing plants operated Worldwide: | |
| USA: | |
| Canada/Mexico: | |
| Europe/EFTA: | |
| Australia/New Zealand/Japan: | |
| China/Far East: | |
| Africa: | |
| Central/South America: | |

Top Manufacturing Locations

| Location | Product Type | Production Lines | Annual Sales | Daily Sales | Daily Units |
|----------|--------------|------------------|--------------|-------------|-------------|
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |

SECTION 5—PRODUCT INFORMATION

Top Five Products

| Product | Name of Manufacturer if Outside Vendor | Average Batch Sales | Average Batch Units | Largest Batch Sales | Largest Batch Units |
|---------|--|---------------------|---------------------|---------------------|---------------------|
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |
| | | \$ | | \$ | |

Third-Party Manufacturing

Please specify details of which of your products are manufactured by third parties:

Products (Name and Type):

Percentage of Sales:

How many external vendors does your company use?

US Domiciled Vendors:

Non-US Domiciled Vendors:

What is the average length of your contractual relationship with key vendors? _____

Do you have a Vendor Approval Program in place? Yes No

What audit program do you have in place with your third-party manufacturers: _____

If there is no audit program for third-party manufacturers, please specify details of the measures that are in place to ensure product safety: _____

Third-Party Manufacturer Agreements (Check all that apply)

Hold harmless agreements with all third-party manufacturers: Yes No

Limited liability agreements with all suppliers: Yes No

Please specify details to both questions above: _____

Are the design and product specifications created by your company? Yes No

| Top Five Suppliers | | | | |
|---------------------------|----------------|--------------------------|------------------------|--|
| Supplier | Product | Country of Origin | Last Audit Date | Subrogation Rights |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please specify details of the audit program you have in place with suppliers: _____

If there is no audit program for suppliers, please specify details of the measures that are in place to ensure product safety: _____

Supplier Agreements (Check all that apply)

Hold harmless agreements with all suppliers: Yes No

Limited liability agreements with all suppliers: Yes No

Please specify details to both questions above: _____

Product Data (Check all that apply)

External power source required to operate: Yes No

Installation required: Yes No

Assembly after delivery required: Yes No

Special storage facilities used: Yes No

Components

What percentage of your products are?

Finished products: _____ %

Components for third-party products: _____ %

Product Use (Check all that apply)

Component part of a watercraft: Yes No

Component part of an aircraft: Yes No

Component part of an automobile: Yes No

If any of the above boxes are checked, please provide full details: _____

Product Life

Average life span of the product: _____

Longest life span of the product: _____

Storage

How many storage facilities do you operate? _____

What is maximum value of product stored in any one location? \$ _____

What percentage of products is stored by third parties? _____ %

What audits are performed by your company on third-party storage locations? _____

SECTION 6—QUALITY ASSURANCE/QUALITY CONTROL

Is there a dedicated QA/QC Department? Yes No

If YES, please specify the name and qualifications of the person in charge of the department:

Name: _____

Qualifications: _____

Does your company have a written in-force Quality Assurance Plan? Yes No

If YES, please **Attach**.

Please specify when the QA Plan was last reviewed: _____

Please specify when the QA Plan was last audited internally and by whom: _____

Please specify when the QA Plan was last audited externally and by whom: _____

Do you have Six Sigma protocols in place? Yes No

If YES, please **Attach**.

Have the company premises or products ever been the subject of a complaint or investigation by the relevant regulatory authority? Yes No

If YES, please specify details: _____

How often are safety audits carried out and by whom?

By customers: _____

By third parties: _____

By internal staff: _____

Do all products comply with relevant regulation and/or local law for countries they are sold in? Yes No

Do you hold any third-party accreditations? Yes No

If YES, please specify which ones: _____

Do your third-party manufacturers hold any third-party accreditations? Yes No

If YES, please specify which ones: _____

SECTION 7—RISK TRANSFER

Are any of the purchases from your suppliers made pursuant to any written contract? Yes No

If YES, please **Attach** the standard contract used.

Are any of the sales to your customers made pursuant to any written contract? Yes No

If YES, please **Attach** the standard contract used.

Do you hold harmless any suppliers of raw materials or subcontractors? Yes No

If YES, please specify details: _____

Is a written supplier/vendor approval process or program in place? Yes No

If YES, please **Attach** a copy.

Are suppliers required to carry Product Recall insurance coverage in favor of your company? Yes No

If YES, is your company named as an Additional Insured under such policies? Yes No

SECTION 8—RISK MITIGATION

Is there a Recall Plan in place? Yes No

If YES, please **Attach** a copy.

Is there a written Crisis Management Plan in place? Yes No

If YES, please **Attach** a copy.

Is a Batch Coding system utilized? Yes No

Is there traceability of products after release to customers? Yes No

How long are shipment records kept for? _____

Are customer complaints monitored? Yes No

Does your company have an on-site laboratory? Yes No

Does your company use an accredited testing laboratory? Yes No

If YES, please provide details of the location: _____

Do you have a testing program on the following?

Incoming material (including packaging and labels): Yes No

Manufacturing/processing: Yes No

End product: Yes No

Are labels inspected? Yes No

Do warning labels meet applicable industry standards? Yes No

Are all products subject to a specific batch coding system? Yes No

Please specify details of your company's traceability system: _____

What percentage of products can be identified by the following?

Product Name: _____

Batch: _____

Day of Production: _____

Hour of Production: _____

Production Shift: _____

Other: _____

How often are mock recalls carried out? _____

Please specify when the last one occurred: _____

Have you estimated potential product recall loss scenarios? Yes No

If YES, please specify largest loss estimate: _____

SECTION 9—TAMPERING AND EXTORTION EXPOSURE

Has your company been a target of political, radical or other extremist or special interest groups? Yes No

Has your company experienced strikes, riots, work stoppages, or plant closings in the last five years? Yes No

Has the company been sued by, or currently in litigation with any employees in the last five years? Yes No

Please **Attach** any details regarding exposure to any of the above questions in Section 9.

SECTION 10—PREVIOUS OR ONGOING INCIDENTS

Has your company withdrawn, recalled, or otherwise removed from the stream of commerce, or destroyed/ disposed of any products in the last ten (10) years? Yes No

Has your company been responsible for costs incurred by third parties for any withdrawal or recall of any products in the last ten (10) years? Yes No

Has your company been subject to a product tampering or product extortion during the last ten (10) years? Yes No

Have any of your premises been subject to recommendations or complaints made by any regulatory body or third-party auditor in the last five years? Yes No

Does your company, any of its officers, directors, or risk manager have any knowledge of any current circumstance, fact, or other information which might develop or lead to a loss or claim under this insurance? Yes No

Please attach any details regarding exposures to any of the above questions in Section 10., whether ongoing or finalized.

FRAUD WARNINGS

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the insurer's quotation is required prior to binding coverage and policy issuance.

All written statements and material furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

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 HAWAII APPLICANTS: Whereby a person commits insurance fraud if the person intentionally or knowingly misrepresents or conceals material facts, opinion, intention or law to obtain or attempt to obtain coverage, benefits recovery or compensation.

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 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 MEXICO APPLICANTS: 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 civil fines and criminal penalties.

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 APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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 AND NEBRASKA): 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 OTHER THAN AUTOMOBILE 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____