



SUPPLEMENT FOR PRODUCTS RECALL EXPENSE COVERAGE – CLAIMS MADE COVERAGE

All questions MUST be completed in full. If space is insufficient to answer any question fully, attach a separate sheet.

NOTE: If purchased, coverage will be afforded for only those products stated in response to Section II., Item 1. of the Application for Specified Products and Completed Operations Liability Insurance, which will be stated on the policy Declarations.

1. Full name of Applicant: _____
2. Has any product ever been recalled? [] Yes [] No
 - a. If Yes, please supply the following details:
 - (i) Name of product involved: _____
 - (ii) Specific reason for the recall: _____
 - (iii) Date of recall: _____
 - (iv) Means used to recall product: _____
3. Should it be necessary to recall a product, what means would be used to secure the return of the product?
Please provide a detailed explanation. _____

4. What would be the estimated expense of such a recall for the following categories of expense?

<u>Communications</u>	<u>Shipping</u>	<u>Hiring of Additional Personnel</u>	<u>Remuneration to Regular Employees</u>	<u>Travel Expenses of Employees</u>

5. Do you currently have in place a method to readily convert your sales or distribution system to facilitate the recall of products? [] Yes [] No
 - a. If Yes, please provide a detailed explanation. _____

6. Do you presently maintain batch or product records, serial numbers or copies of guarantee cards which would facilitate tracing the whereabouts of products being recalled? [] Yes [] No
 - a. If Yes, please provide a detailed explanation specifically indicating how long such records are retained: _____

7. Are you or any of your employees aware of any facts or situations which might give rise to a recall? [] Yes [] No
 - a. If Yes, please provide a detailed explanation on a separate sheet.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.
It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant	Title (Officer, partner, etc.)
Signature of Applicant	Date