



PRODUCT RECALL EXPENSES SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

- This Supplementary Questionnaire forms a key part of your General Liability Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Name of Applicant

Name of Broker

A APPLICANT DETAILS

1. Address of Applicant

2. Name and address of all subsidiary companies to be insured for recall

3. Please list locations of manufacturing facilities or plants

B COVER REQUIRED

1. Limit of Indemnity

2. Excess



C RECALL DETAILS

- 1. Do you have in place a current:
 - (a) Product Recall Plan? Yes No
 - (b) Incident Management Plan? Yes No

If Yes, please attach a copy of the plan(s) or advise details

If No, should it become necessary to recall any of your products, what methods would be used?

- 2. Please provide an estimated breakdown of the maximum cost your company could incur in the event of a recall.

Breakdown of cost area	Estimated maximum cost
Value of product *	\$
Loss of income *	\$
Advertising the recall	\$
Temporary storage costs	\$
Repackaging/transport costs	\$
TOTAL maximum cost	\$

* not covered as standard by QBE.

D PRODUCT/DISTRIBUTION DETAILS

- 1. Please provide a list of products produced or supplied for which insurance is required

Description of product incl. trade name(s)	Country	Approx. annual turnover	Year first marketed
		\$	
		\$	
		\$	
		\$	
		\$	

- 2. If your product is in any way perishable, what is its normal shelf life?

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- 3. Are your products batch produced? Yes No

If Yes, what is the average batch size?

Product	Batch size	Value of batch
		\$
		\$
		\$



If No, and a continuing process is used, what is your average run size run?

Product	Run size	Value of run
		\$
		\$
		\$

4. If any product becomes part of another company's product(s) please provide details of the company and end product.

5. If any of your products are sold to be repackaged under another name, to whom are they sold and what is their eventual name?

Does your coding system allow for the following identifications:

- (a) Product name Yes No
- (b) Manufacturer Yes No
- (c) Part number Yes No
- (d) Batch number Yes No
- (e) Date of manufacture Yes No
- (f) Date when shelf life expires Yes No
- (g) Serial number Yes No
- (h) Suggested use of product Yes No
- (i) Directions of use Yes No
- (j) Warnings needed Yes No
- (k) Producing Plant Yes No

7. Do you indemnify or hold harmless by contractual agreement any suppliers of components or raw materials?

Yes No

If Yes, please provide copies of these agreements.

8. Do all of the products which are the subject of this application conform in all respects with the requirements of any local statute or regulations of any Government Agency, Department or Commission?

Yes No

If Yes, please provide full details of the applicable agencies/regulations



9. Please advise the method of distribution of your products

- (a) How are they transported (truck, rail, air, sea etc)?
- (b) How are they packaged (drums, bulk, etc)?
- (c) Steps to end-user (direct to customer vs via wholesaler/retailer)?
- (d) Do you maintain any form of data processing inventory control system?
 - (i) Product inventory
 - (ii) Sales to and identity of Wholesalers
 - (iii) Sales to and identity of Distributors
 - (iv) Sales to and identity of Retailers

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"/>

10. To your knowledge do your wholesalers and/or distributors maintain records of the final retail outlet of your products?

Yes No

If Yes, please state, as far as possible, how long each of the records are kept

D EXPORT DETAILS

1. Please provide details relating to Overseas Markets to which products are exported

Product	Estimated annual value of exports	Country	Representation in that country
	\$		
	\$		
	\$		
	\$		
	\$		

E CLAIMS EXPERIENCE

1. Have any of your products ever been recalled?

Yes No

If Yes:

(a) please advise the following details

Product involved	Reason for recall	Date recall initiated	Date recall closed	Method used to effect recall



(b) what was the total expenses incurred?

\$ []

(c) was this loss insured?

Yes No

If Yes, please provide full details

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F PRIOR INSURANCE

1. Please supply details of any insurance covering product recall held during the past five years including the name(s) of the insurer(s)

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2. Has any insurer:

- (a) Declined to insure you? Yes No
(b) Cancelled or refused to renew your insurance? Yes No
(c) Imposed special terms or conditions to any proposal, renewal or policy held by you? Yes No

If Yes, to any of the above, please provide full details, including name of insurer

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G ENCLOSURES

Please provide the following documents and tick to indicate enclosure:

- Terms of Trade normally used
Any "Hold Harmless" or waiver of rights of recourse agreement
Any brochures for the various products
Latest Annual Report

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed []

Date [/ /]

Printed name []

Position []



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