

APPLICANT INFORMATION

Applicant's Name: _____

Applicant's Address: _____

Effective Date: _____

AGENCY INFORMATION

Agency: _____

Address: _____

COVERAGES AND LIMITS

1. Check the Product Recall Expense limits you desire in the right column.

EACH RECALL	AGGREGATE	PRODUCT RECALL LIMITS
\$50,000	\$100,000	
\$100,000	\$200,000	
\$250,000	\$500,000	
\$500,000	\$1,000,000	
\$1,000,000	\$1,000,000	

2. Additional Covered Expense includes three sub-coverages. You may purchase all three, any combination of two or any one by itself.

Step One: Check any sub-coverage you want in the right column of the table below.

Repair, Replacement or Repurchasing Coverage	
Customer's Lost Profit Coverage	
Good Faith Advertising Coverage	

Additional Covered Expense Limits may be the same as the Each Recall Limits and Aggregate Limits or less but cannot be more. Additional Covered Expense limits are shared by the sub-coverages you selected in Step One.

Step Two: Check the Additional Covered Expense limits you desire in the right column. Leave the column blank if you did not select any of the Additional Covered Expense coverages in Step One above.

EACH RECALL	AGGREGATE	ADDITIONAL COVERED EXPENSES LIMITS
\$50,000	\$100,000	
\$100,000	\$200,000	
\$250,000	\$500,000	
\$500,000	\$1,000,000	
\$1,000,000	\$1,000,000	

3. Do you want Recall Liability? ☐ Yes ☐ No

Liability coverage is subject to the Product Recall Expense Limits in the table #1 above.

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4. Check the deductible option you desire: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000
☐ \$25,000 ☐ \$50,000 ☐ \$100,000

PRODUCT RECALL HISTORY

1. Number of product recalls in the last five years: _____
2. Products recalled: _____
3. Reasons for recall: _____
4. Corrective actions taken: _____
5. Cost of each recall: _____
6. Number of suits for product recall costs received in the last five years: _____
7. Reasons for suit: _____
8. Judgments paid: _____

PRODUCT RECALL PROGRAM

1. Describe your Product Recall Program: _____
2. Written? ☐ Yes ☐ No
3. Recall coordinator is designated: ☐ Yes ☐ No
4. Recall committee appointed: ☐ Yes ☐ No
5. Recall communication procedures defined: ☐ Yes ☐ No
6. Product records stored digitally with back-up ____ Paper ____
7. Mock Recalls: Semi-Annual: ☐ Yes ☐ No Annual: ☐ Yes ☐ No
8. Plan reviewed by an attorney: ☐ Yes ☐ No

Please attach a copy of your Product Withdrawal Program.

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc., to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ **Date:** _____