

Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 625 President-Kennedy Avenue, Suite 903 Montreal, QC H3A 1K2
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

SHORT FORM APPLICATION FOR INDICATION – PRODUCT RECALL INGESTIBLE AND TOPICAL CONTAMINATED PRODUCTS INSURANCE

Please answer all questions in full.

Please supply attachments where requested.

This Application form must be signed and dated by the authorised person responsible for obtaining this insurance.

In the Event of Binding a full submission is required by Underwriters – Terms and Conditions are subject to change.

1. A) PROPOSER/ APPLICANT (Name of company and subsidiaries to be insured under this Policy):

Company Address: _____

Website address: _____

Contact name for Crisis management issues: _____

(Details for Crisis Consultants to contact for desk-top review of plans)

Tel: _____ Fax: _____

E-mail: _____

B) BUSINESS DETAILS

Business Description (Manufacturer, processor, bottler, distributor, importer, retail, etc.):

Product Type: Meat Poultry Seafood Bakery Prepared Meals
 Fruit Vegetables Snack-food Dairy
 Other (Please specify) _____

Anticipated Sales for the next 12 months: \$ _____ Actual Sales for last 12 months: \$ _____

Previous 12 months: \$ _____

Total Number of Plants / Facilities: _____

C) QUALITY ASSURANCE / GMP

• Do you have written quality assurance plan? Yes No (Please attach copy)

• Do you incorporate HACCP (all 7 principles)? Yes No

If No, please detail other good manufacturing practice accreditations: _____

• Do you have Quality Assurance/ Control Department? Yes No

• Date HACCP Was last reviewed/ audited, and who by: _____

D) LOSS HISTORY

• In the last 10 years have you recalled, or withdrawn, any products for which you have incurred costs or have incurred costs or have incurred costs on behalf of a Third-party whatsoever? Yes No

• Do you know of any situation that may lead to a claim Under a contaminated products insurance policy?

Yes No If Yes, please provide details: _____

If Yes, please attach a full explanation of loss(es) including the following:

- The product(s) involved, cause of loss,
- Full quantum breakdown of loss (transportation, warehousing, destruction, etc)
- Recoveries against third parties,
- Remedial action taken to prevent further losses occurring again.

• Do you know of any situation that may lead to a claim Under a contaminated products insurance policy?

Yes No If Yes, please provide details: _____

E) DECLARATION

I declare that after full enquiry, the contents of this proposal are true and that I have not misstated, omitted or suppressed any material fact or information. I agree that this proposal together with any other information supplied by me shall form the basis of any contract of insurance which may be affected. If there is any material alteration to the facts and information which I have provided or any new material matter arises before completion of the contract of insurance, I undertake to inform insurers. I hereby consent to any information I have provided being processed by you for the purposes of providing insurance claims handling, which may necessitate sharing such information with third parties.

Signature: _____

Position: _____ Date: _____



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