

SUPPLEMENTAL APPLICATION FOR LIMITED PRODUCTS WITHDRAWAL EXPENSE ENDORSEMENT

Submitted By: _____

Agency: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone No.: _____



Applicant's Instructions:

1. Answer all questions. If a question does not apply, please write N/A or Not Applicable.
2. Please read carefully the statement at the end of this application.

Please Type or Print

(Please note that you can fill this form out on your computer, or you can print and fill it out by hand)

1. Applicant

Proposed Effective Date: _____

A. Full name of all entities of the applicant: _____

B. Principal address: _____

C. Contact: _____ Title: _____

Telephone: _____

2. Description

1. Describe the product(s) for which you are seeking coverage. _____

2. Percentage of products sold to consumer _____, retail _____, wholesale _____, or other manufacturers _____?

Product Lines	Years (prior) _____	Year (current) _____	Year (next) _____
	Revenue (000's)	Est. Revenue (000's)	Est. venue (000's)
1.			
2.			
3.			
4.			
Total 1-4			

3. Have your products ever been subject to inquiry or investigation relative to product safety by any government agency? Yes No
4. Do you have a products recall plan? If yes, please attach a copy. Yes No
5. Have you ever recalled products because of a potential product safety hazard? Yes No
If yes, attach details and indicate percentage recovery.
6. Are your products Batch Coded? Yes No
If yes, estimated % _____

By Hour ____% By Shift ____% By Day ____% Other (please specify) _____

7. If a product is recalled, can a product be traced so that both the source and the destination of individual batches can be identified? Yes No
8. Are records kept of all shipments? Yes No
If yes, how long? _____ Months/Years
9. Are your products designed, tested, labeled and manufactured to meet or exceed all government and industry standards? Yes No
10. Can you determine, based on available records for all products you have sold, when it was sold and to whom it was sold? Yes No
11. Are you aware of or have any knowledge of any current situation, fact or circumstance, which might lead to a claim under the coverage provided by the Limited Products Withdrawal Expense Endorsement? Yes No
If yes, please give full details _____

3. Acknowledgements, Authorization and Signature

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

Coverage is not provided for any product withdrawal because of a defect in your product known to exist by the named insured or the named insured executive officers.

The applicant requests that this application for insurance coverage be submitted for consideration to General Star (Company). Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature: _____ Title: _____
(Owner, Partner or Officer)

Date: _____

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.

Additional Explanation to the Questions Designated

Question No.

_____	_____
_____	_____
_____	_____
_____	_____

If needed, please attach additional pages.