SUPPLEMENTARY QUESTIONNAIRE
Broadform
Product Recall

Please answer **ALL** questions completely.
Should any question or part thereof not be applicable, please state "N/A".
Should insufficient space be provided, please continue on your company letterhead.

To be completed in addition to the Broadform Liability Proposal Form

Particulars of the Proposer

1. Please provide a full description of all products, the product's intended end use, and if exported, list the country and approximate turnover applicable to each product

Product description and end use	Distribution, Country and Exports	Estimated Turnover

2. Please indicate any new products that have commenced production or have entered the market within the last 12 months

Product description and end use	Distribution, Country and Exports	Estimated Turnover

3. Does the Company agree to indemnify or hold harmless any suppliers of components or raw materials? Yes ☐ No ☐

4. Does the Company obtain a guarantee/warranty from suppliers of components or raw materials? Yes ☐ No ☐

5. Do all products meet registration standards? Yes ☐ No ☐

6. Do you have any risk management and/or quality controls in place? Please explain. Yes ☐ No ☐

_____

_____

7. Are Quality Assurance audits performed by an independent third party? Yes ☐ No ☐

8. Have any recommendations been made in these audits? Yes ☐ No ☐

If **Yes**, provide particulars

_____

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9. Batch control:

   a. Are detailed records maintained to trace the location of products? Yes ☐ No ☐

   b. Can the Insured readily establish what product line is distributed and where? Yes ☐ No ☐

Please explain _____

_____

iTOO Special Risks (Pty) Ltd
Villa Arcadia, 22 Oxford Road, Parktown, Gauteng, 2193 | PO Box 87419, Houghton, 2041 | Tel: 0861 004 866 | Email: info@itoo.co.za | **www.itoo.co.za**

10. Do you have any risk management and/or product recall plans in place? Yes ☐ No ☐

If **Yes**, please provide details. If No, why not? _____

_____

11. Has the company's products or any of its premises ever been the subject of comment or complaint by any governmental agency or department? Yes ☐ No ☐

12. Please attach complete copies of the most recent Recall Manuals and Crisis Management Plan.

General Information

1. Please give details of all claims made against the Company over the last 5 year

Date of claim	Description

2. Is the Company, after enquiry, aware of any circumstances which may give rise to a claim under the proposed insurance? Yes ☐ No ☐

If **Yes**, please provide full details _____

_____

Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurances services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. BY signing this application for insurance, you agree to the processing and sharing of your personal information.

Declaration

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify iTOO of such changes as soon as reasonably possible.

_____ _____

Name (duly authorised) Designation

Signature _____ Date Y Y Y Y M M D D

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