



In association with **Hollard.**

SUPPLEMENTARY
QUESTIONNAIRE
Product Recall

Hollard.

Underwritten by The Hollard Insurance Co. Ltd,
an authorised Financial Services Provider

www.itoo.co.za | [@itooexpert](https://twitter.com/itooexpert)

ITOO is an Authorised Financial Services Provider. FSP No. 47230



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

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
4. Does the Company obtain a guarantee/warranty from suppliers of components or raw materials
5. Do all products meet registration standards

Yes		No	
Yes		No	
Yes		No	

6. Do you have any risk management and/or quality controls in place. Please explain

--

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

9. Batch control

a. Are detailed records maintained to trace the location of products	
b. Can the Insured readily establish what product line is distributed and where	
<i>Please explain</i>	

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	
-----	--	----	--

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

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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date