

PRODUCT RECALL SUPPLEMENTAL APPLICATION

EFFECTIVE DATE:

QUOTE BY DATE:

APPLICANT INSTRUCTIONS:

1. Complete this supplemental in addition to the CannGen Package & Products Application when Product Recall coverage is requested.
2. Application must be signed and dated by the owner, partner, or officer at time of binding. Signatures must be current within 10 days of bind request.
3. Attach additional pages as needed, and read the representations at the end of this supplemental carefully.

SECTION 1 ACCOUNT INFORMATION

Named Insured (Legal Business Name):

DBA(s): (If applicable)

Projected Revenue for Upcoming 12 Months: \$

Requested Recall Limit (select one):

SELECT	PER INSURED EVENT	AGGREGATE	DEDUCTIBLE
☐	\$500,000	\$1,000,000	\$50,000
☐	\$1,000,000	\$2,000,000	\$50,000
☐	\$1,000,000	\$2,000,000	\$100,000
☐	Other (specify):		

SECTION 2 PRIOR RECALL HISTORY

**NOTE: If the applicant answered "Yes" to Question 7 in Section 5 of the Package & Products Application, additional information may be requested by Underwriting.*

1. ☐ Y ☐ N Is the applicant aware of any circumstance that could reasonably lead to a recall, withdrawal, or market removal?

SECTION 3 PRODUCTS SOLD

1. ☐ Y ☐ N Have any new products been launched or discontinued within the past 12 months?

a. If yes, please provide details, including product name, launch or discontinuation date, and reason for discontinuation, if applicable:

2. ☐ Y ☐ N Does the applicant use contract manufacturers?

3. ☐ Y ☐ N Does the applicant require written quality agreements with suppliers and contract manufacturers?

4. ☐ Y ☐ N Are suppliers subject to qualification or approval procedures?

SECTION 4 PRODUCT RECALL PLAN / SOP

1. ☐ Y ☐ N Does the applicant maintain a written Product Recall Plan or Product Recall-specific Standard Operating Procedure (SOP)? If yes, please attach a copy of the current Product Recall Plan or SOP with this supplemental.

2. When was the Product Recall Plan or SOP last reviewed or updated? _____ (MM/DD/YYYY)

3. How quickly can the applicant identify affected products following discovery of a defect?

☐ Less than 24 hours ☐ 24–48 hours ☐ 3–7 days ☐ More than 7 days

Continue to 'Section 5' on next page...

Applicant:

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SECTION 5 TRACEABILITY AND COMMUNICATION PROCEDURES

1. ☐ Y ☐ N Does the applicant use track-and-trace software to monitor products through production, distribution, and sale?

a. If no, please describe what method is used instead to track products:

2. Please describe how recall notices, regulatory notifications, public communications, and customer / vendor communications are managed and documented:

SECTION 6 STATE-SPECIFIC PRODUCT RECALL REQUIREMENTS

1. ☐ Y ☐ N Are all applicable state-specific product recall, product withdrawal, market removal, testing, reporting, and notification requirements satisfied for each state in which products are manufactured, distributed, or sold?

a. If no, please explain and provide the corrective action plan:

SECTION 7 LABELING AND GOOD MANUFACTURING PRACTICES

1. ☐ Y ☐ N Have there been any labeling-related violations, corrective actions, fines, warnings, or recalls within the past five years?

a. If yes, please provide details and describe any corrective action taken:

2. ☐ Y ☐ N Are products labeled in accordance with applicable Good Manufacturing Practices and all applicable state labeling requirements?

3. ☐ Y ☐ N Is there a documented label review and approval process in place that includes required warnings, ingredient disclosures, potency disclosures, and state-specific labeling requirements?

SECTION 8 LABORATORY TESTING REQUIREMENTS

1. Please identify all laboratories used for product testing, including laboratory name, location, and type of testing performed:

#	LABORATORY NAME	LOCATION (CITY, STATE)	TYPE OF TESTING PERFORMED
1			
2			
3			
4			

2. ☐ Y ☐ N Are all laboratories used for product testing ISO/IEC accredited?

Continue to 'Representations / Acknowledgements' on next page...

Applicant:

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REPRESENTATIONS / ACKNOWLEDGEMENTS

Except as otherwise disclosed in this supplemental application or the general application, the undersigned represents that:

1. No product recall, withdrawal, or market removal has occurred within the past five (5) years unless disclosed herein.
2. A written Product Recall Plan or SOP is maintained and will be provided upon request.
3. The Product Recall Plan or SOP includes traceability and communication procedures.
4. Products are tested by ISO/IEC accredited laboratories that participate in proficiency testing programs and are in good standing with applicable regulators.
5. The applicant complies with applicable state-specific product recall requirements.

The undersigned certifies that the information provided in this supplemental application is true, accurate, and complete to the best of their knowledge and belief.

THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED BY APPLICANT AT BINDING AND DATED WITHIN 10 DAYS OF BIND REQUEST. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE AS COVERAGE BECOMES EFFECTIVE ONLY WHEN ACCEPTED BY THE INSURANCE COMPANY.

APPLICANT		BROKER	
Authorized  Applicant Signature:	Date Signed:	Signature  of Broker:	Date Signed:
Printed Name of Applicant:		Printed Name of Broker:	
Title of Applicant:		Name of Agency:	
Phone Number:		Phone Number:	

THANK YOU FOR YOUR BUSINESS!