Food & Beverage Product Recall Renewal Application

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. Please provide your total gross revenue: _____

2. Have your operations changed from what was reported previously? If Yes, please provide details. * Yes ☐ No ☐

3. Do you expect a material change in your operations in the next 12 months? If Yes, please provide details. * Yes ☐ No ☐

4. Have your best practices or risk management protocols changed? If Yes, please provide details. * Yes ☐ No ☐

Section 2: Operations and Sales

1. Please provide your sales breakdown by product category and provide the geographical region:

Product Categories	Percent (%) of Total Sales	Geographical Region
Alcohol		
Agriculture/Fruit & Vegetables		
Bakery		
Beverages		
Confectionary		
Dairy		
Frozen/Ready Meals		
Meat		
Milling/Flour		
Pet Food		
Poultry		
Sauces		
Seafood		
Sugar		
Tobacco		
Other:		

Section 3: Product Information

1. Please list any new products that have either begun production or brought to market in the last 12 months:

*Please provide further details in the space provided under the Additional Information Section.

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Signature

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

*Please provide further details in the space provided under the Additional Information Section.