

## Claim Supplemental

Named Insured:

Date of Incident:

Description of Incident:

Did this incident result in a recall or withdrawal of product from any third party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this incident the result of defective/contaminated raw material or supplied product?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this incident result in costs to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this incident result in costs to third parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Percentage of product upon discovery of the incident: In production: ____%    In Storage: ____%    Post Shipment: ____%	
Indicate all costs incurred by you or a third party associated with the incident, independent of any insurance coverage: Recall Costs: Cost to replace/repair products: Loss of Profit/ Business Interruption: Third-Party Costs: Marketing/Brand Rehabilitation Costs: Other Costs: TOTAL COSTS:	
Were any of these costs indemnified by a third-party or supplier? If YES, how much?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you still incurring costs or have any outstanding liabilities associated with this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any of the above costs covered under a Product Recall or Product Contamination policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any of the above costs covered under a different insurance policy (i.e. GL, Property, B&M)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What corrective actions, if any, have been implemented to prevent similar incidents from happening in the future?	
Additional comments or consideration:	

APPLICANT'S NAME AND TITLE:

DATE:

APPLICANT'S SIGNATURE: