



WESTROPE Product Recall Protection- Indication Worksheet

I. Applicant Information

Named Insured: _____

Mailing Address: _____

Website: _____

II. Operations

Description of Operations: _____

Retail: _____% Wholesale: _____% Manufacturing: _____%

Largest single batch size? _____

III. Revenue

Projected 12 months revenue: _____

Last 12 months revenue: _____

IV. Controls

Quality Control Plan in place? Yes No

Recall Plan in place? Yes No

Prior Recall Event? Yes No

V. Coverage

Limits desired: _____

Deductible desired: _____