

**Product Recall
Indication Form**

Please answer the following questions to provide our markets with the information necessary to provide you with an indication for Product Recall insurance.

INDICATION ONLY

1. Name and Address of Applicant:

2. Description of Operations:

3. Website: _____

4. Estimated Sales for Coming Year: _____

5. Loss History (if available):

Agency Name: _____

Contact: _____

Email address: _____

Phone: _____