



**Chubb Product Recall
Indication Form**

Please answer the following questions to provide Chubb 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: _____