

Marketed Through:

The Thomas Group Insurance, LLC  
511 South 2nd Ave  
Safford, AZ 85546  
(877) 698-3468



The Thomas Group Insurance LLC

[www.TheThomasGroupInsurance.com](http://www.TheThomasGroupInsurance.com)

Date: (mm/dd/yy)

**Application For Product Recall (for Agricultural Growers)**

Named Insured

Company Name (optional)

Address

City

State

Zip code

<u>Office Telephone Numbers</u>	<u>Emergency Telephone Numbers</u>
1.	1.
2.	2.

Included Coverage

Endorsements:

- 1. Disease
- 2. Malicious Acts
- 3. Extortion

- Influential Person
- 
- 

Contact Name:

List the Crops with the specific variety either being grown or going to be grown during this policy period:

<u>Description of Crop</u>	<u># of Acres</u>	<u># of Crop Seasons per year</u>	<u>Countries Shipped To</u>	<u>Value of Each Seasons Crop</u>
1				
2				
3				
4				
5				
6				

**With regards to Human (& Animal) Health and Safety of the distributed crop, what steps have been taken prior to distribution by the applicant to maintain and monitor proper conditions of the soil, crop handling, crop storage, etc. ?**

List the States with Counties where each Crop is grown

<u>Description of Crop</u>	<u>State(s)</u>	<u>Counties</u>
1		
2		
3		
4		
5		
6		

Within the last five years, has the applicant been involved in ANY product recall whether insured or not ?(If so, explain)

Is the applicant a:

a.) Grower	c.) Distributor
b.) Processor	d.) Retailer

I believe that all of the information above is true to the best of my knowledge.

Applicant Signature

Date

Agent Signature

Date

Agent's Phone Number

Applicant's Name (Print)

Agent's Name (Print)

**Fax Application (928) 348-8585**