CoverX SPECIALTY
EXPERIENCE MATTERS

restaurantPROTECT+

SEND SUBMISSIONS TO:
recall_protect@cfins.com

Claims Supplemental Form for Restaurant Chains

1. Name of Applicant: _____
2. Product(s) involved: _____
3. Nature of incident: □ Food Born Illness □ Malicious Tampering □ Extortion
4. Location where incident took place: _____
5. Please provide details of the incident (attach separate sheet if necessary):

   _____

   _____
6. Did the incident result in a Loss of Profit? □ Yes □ No
7. How many products were affected? _____
8. How many locations were affected? _____
9. Please split out overall costs between:

Loss of Profit	=	_____
Rehabilitation Expense	=	_____
Replacement Costs	=	_____
Extra Expense	=	_____
Recall Costs	=	_____
Other	=	_____
Total Costs	=	_____

10. What corrective actions have been taken to prevent a similar incident?

    _____

    _____

Signature: _____ Date: _____

Position: _____