

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: Policy Delivery - Specialty Product Liability Coverage

Policy Number: [Policy Number]

Effective Dates: [Start Date] to [End Date]

Dear [Insured Name],

We are pleased to provide you with your specialty product liability insurance policy documents. Please review the attached policy thoroughly to ensure it meets your specific coverage requirements.

Due to the high-risk classification of your products, we wish to draw your specific attention to the **Product Recall Expense Exclusion** included in this policy. This policy provides coverage for third-party bodily injury and property damage claims as defined; however, it does not provide coverage for costs associated with the withdrawal, inspection, repair, replacement, or disposal of your products from the market.

To acknowledge your understanding of this specific limitation, please sign the section below and return a copy to our office at your earliest convenience.

Sincerely,

[Underwriter/Broker Name]

[Company Name]

ACKNOWLEDGEMENT OF RECALL EXPENSE EXCLUSION

I, the undersigned, hereby acknowledge that I have received Policy Number [Policy Number]. I further acknowledge and understand that this policy **excludes** coverage for Product Recall Expenses. I understand that the insurer will not be liable for any costs incurred for the recall of products from the market, whether such recall is voluntary or mandated by a regulatory authority.

Signature: _____

Printed Name: _____

Title: _____

Date: _____