

**« Η Ασφάλιση αρωγός και ασπίδα
για τις εξαγωγές προϊόντων
στις Ηνωμένες Πολιτείες της Αμερικής »**

Απόστολος Ζηκούλης
Insurance Broker

Trade USA, AMCHAM,
Αθήνα, 5 Δεκεμβρίου 2016

CALL US TODAY FOR A FREE CONSULTATION AT 312-375-6524

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Take Action Now!



FREE CASE EVALUATION

... outside of Court and before ever filing suit – and often. However, I see too
... first offer or what I call "short settling" a case – any type of case. Good

Live Chat

Αστική Ευθύνη και Ανάκληση

- **Αστική Ευθύνη** είναι η εύθυνη του παραγωγού για τις σωματικές βλάβες ή υλικές ζημιές που θα προξενήσει η χρήση του προϊόντος του.
- **Ανάκληση Προϊόντος** είναι η υποχρέωση του παραγωγού να αποσύρει και να ενημερώσει το καταναλωτικό κοινό για ένα ελάττωμα του προϊόντος που το καθιστά ακατάλληλο προς χρήση.

Τι καλύπτει η Αστική Ευθύνη

- Το κόστος των σωματικών βλαβών (π.χ. έξοδα περίθαλψης -ανάρρωσης).
- Τυχόν αποθετικές ζημίες που μπορεί να προκύψουν.
- Υλικές ζημίες σε βιομηχανικούς πελάτες.
- Διακοπή εργασιών συνέπεια ελλειψιατικού προϊόντος.

Τι καλύπτει η ανάκληση προϊόντος

- Τα έξοδα του παραγωγού ή του εισαγωγέα για την απόσυρση του προϊόντος από την αγορά.

Ενδεικτικά θα μπορούσαμε να αναφέρουμε:

- Μεταφορικά
- Κόστος καταστροφής
- Έξοδα επανατοποθέτησης
- Κόστος ενημέρωσης του κοινού
- Έξοδα ακύρωσης διαφημιστικής καμπάνιας

Τρεις παράγοντες που διαφοροποιούν τις Ηνωμένες Πολιτείες της Αμερικής

1. Ευαισθητοποιημένος καταναλωτής
2. Διαφορετικό νομικό πλαίσιο
3. Απαίτηση κάλυψης από τους εισαγωγείς (buyers)

Ευαισθητοποιημένος καταναλωτής

- Εικόνες από διαφημίσεις αποζημιώσεων
- 1 τρισεκατομμύριο δολάρια οι ετήσιες αποζημιώσεις
(πηγή: U.S Consumer product safety commission)
- 2,6 φορές ο δείκτης αποζημιώσεων σε σχέση με την ΕΕ
(πηγή: US Chamber of Commerce , June 2013)
- No Cure – No pay (Contingency fees)
- Loser don't pay defendant cost



Νομικό πλαίσιο

- Υποχρέωση ασφάλισης του εισαγωγέα
- Αποζημίωση με απόδειξη συνάφειας της σωματικής βλάβης
- Class action – one individual can represent thousands of individuals



CURTIN, MURPHY & O'REILLY, P.C.
20 TRAFALGAR SQUARE, SUITE 201
NASHUA, NEW HAMPSHIRE 03063
TELEPHONE (603) 888-7188
FAX (603) 888-0983

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

April 6, 2015

~~Demoulas Super Markets, Inc.~~
71 Arlington Street
Watertown, MA 02472

RE: Our client: Demoulas Super Markets, Inc.
Claimant: ~~Kevin Hughes~~
File #: DE14-0442
Date of Loss: March 15, 2015

Gentlemen:

Curtin, Murphy & O'Reilly acts as claims administrator for Demoulas Super Markets, Inc., a self-insured corporation.

On or about March 15, 2015, customer ~~Kevin Hughes~~ purchased a store made Greek Salad which contained several Olimpiana Kalamata Pitted Olives from the Market Basket supermarket on Northwest Boulevard in Nashua, NH. Later, while eating the salad, Mr. Hughes states that he bit into something hard which he determined to be an olive pit. As a result of this pit, he cracked and damaged a rear tooth. He now requires repairs to this tooth.

Please be so kind as to have your insurance carrier contact ~~Kevin Hughes~~ directly in regard to this claim. As Demoulas in no way alters this product, we will look to you and/ or your insurance carrier to take over handling of this matter at this time.

By copy of this letter to ~~Kevin Hughes~~, I suggest he pursue his claim directly against ~~Kevin Hughes~~ and or their insurance company. Please have your insurance carrier contact him immediately.

Thank you for your anticipated cooperation in this matter.

Very truly yours,

Robin Bevin
Robin Bevin
Claims Administrator

cc: ~~Kevin Hughes~~
3260 221st Avenue NW
Oak Grove, MN 55303-8936

ΠΑΡΑΔΕΙΓΜΑ
ΑΠΑΙΤΗΣΗΣ

Απαίτηση κάλυψης από εισαγωγείς

Big Lots Insurance Compliance
 PO Box #7090 - BG
 Hemet, CA 92345-8010

September 25, 2015

Reference Number: ~~922699~~
 Pin Number + ~~922694~~

REGISTRATION
 REQUIREMENTS FOR CERTIFICATE
 REQUIREMENTS OF
 CERTIFICATE OF LIABILITY INSURANCE

NOTICE OF NON COMPLIANCE

ACCORDING TO OUR RECORDS, AFTER TWO PREVIOUS NOTICES, YOU HAVE FAILED TO PROVIDE THE REQUIRED INSURANCE DOCUMENTS.

YOUR FAILURE TO COMPLY COULD RESULT IN INTERRUPTION OF YOUR ACTIVITY WITH BIG LOTS, INC.

The terms of our agreement state that you must provide us evidence of insurance coverage meeting our requirements while doing business with Big Lots, Inc. According to our records, we have not received the information we requested.

Included on the back of this notice is information about our certificate requirements. Please contact your insurance agent or broker and ask them to provide us with a current Certificate of Insurance using one of the following methods:

- By uploading directly to our website: <https://www.idacerts.com/vendorValidation.asp> using your reference number and pin number shown at the top right of this notice.
- By email to biglots@ebiz.com
- By fax to (770) 225-6339

After using one of these methods, please do not send us the certificate by mail.

To avoid further notices and possible interruption of your activities with Big Lots, Inc, we should receive your Certificate of Insurance within 15 days of the date of this notice.

If you have questions about this notice or the required evidence of coverage, you may call us at (951) 766-2227.

Sincerely,

Insurance Compliance Department
 No Coverage 3

CERTIFICATE OF LIABILITY INSURANCE							Date: 09/25/15
<small>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGES AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE EMPLOYEES AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on the certificate does not refer to the certificate holder in lieu of such endorsement(s).</small>							
PRODUCER Name & Address of Producer		Phone Fax	CONTACT NAME PHONE (A/C, No, Ext) FAX (A/C, No) E-MAIL ADDRESS PRODUCER CUSTOMER ID #				
INSURED Name & Address of Insured		INSURER(S) AFFORDING COVERAGE INSURER A: AM Best Rating A+, VII Or Better provide INSURER B: INSURER C: AM Best Rating A+, VII Or Better provide INSURER D:				NAIC #	
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
<small>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small>							
DATE	TYPE OF INSURANCE	ACORD FORM (INSR. #)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> Products & Non-Contributory <input type="checkbox"/> GENERAL AGG. LIABILITY APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> INCIDENT <input type="checkbox"/> LOC	Y	Y			EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTALS PREMIUMS (See endorsement) MEDICAL (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMMP AGG \$2,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (See endorsement) BODILY INJURY (Per person) BODILY INJURY (Per household) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIM <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION					EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY EMPLOYERS LIABILITY <input type="checkbox"/> EXECUTIVE/CONTINGENT WORKER <input type="checkbox"/> EMPLOYER (Mandatory in CA) <input type="checkbox"/> YES, describe cover <input type="checkbox"/> GEOGRAPHY OF OPERATIONS (See)		N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - CA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) General Liability Certificate must include Additional Insured and Waiver of Subrogation in favor of Big Lots, Inc. and all its direct and indirect subsidiaries and affiliates.							
CERTIFICATE HOLDER Big Lots, Inc. and all its direct and indirect subsidiaries and affiliates Insurance Compliance PO Box 12010 - BG Hemet, CA 92345-8010				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Certificate Must be Signed			

Απαίτηση κάλυψης από εισαγωγείς

- Συμβόλαιο σε αναγνωρισμένη ασφαλιστική
- Rating A- και μεγαλύτερο
- Με προκαθορισμένα όρια κάλυψης
- Με συγκεκριμένο νομικό κάλυμμα
- Τα όρια να είναι Primary not Contributory

Όφελος για τον παραγωγό

- Οικονομική προστασία
- Διαφοροποίηση από τον ανταγωνισμό
- Ουσιαστικό κύρος για το προϊόν
- Αρωγός σε περίπτωση αποζημίωσης
- Εργαλείο marketing σε περίπτωση απαίτησης

Γενικά χαρακτηριστικά συμβολαίου

- Παγκόσμια κάλυψη – παγκόσμια δωσιδικία
- Κάλυψη αποθετικών ζημιών
- Κάλυψη ενδιάμεσων – βιομηχανικών πελατών
- Υποχρέωση υπεράσπισης (duty to defend)
- Ασφαλιστική αναγνωρίσιμη στο εξωτερικό
- Βάση του συμβολαίου loss occurrence basis

Ένα συμβόλαιο προσαρμοσμένο στις ανάγκες σας

- Χαρτογράφηση αναγκών του πελάτη
- Ανάλυση του Πελατολογίου
- Διερεύνηση των χωρών εξαγωγής
- Ανάλυση επικίνδυνων σημείων του προϊόντος
- Όρια κάλυψης σύμφωνα με το χαρτοφυλάκιο του παραγωγού
- Αγορές στόχος που θέλει να προσεγγίσει ο πελάτης

Z I A

INSURANCE

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