**Instructions**

* All questions must be answered
* If the answer to any specific question is none or not applicable then please state NONE or

NOT APPLICABLE

* If space is insufficient to answer any question fully, please attach a separate sheet
* This application form must be signed and dated by an officer of the proposer or the

authorised person responsible for obtaining insurance

* Please provide Product Brochures, Contract Conditions and/or Trading Conditions, and any

Testing and/or Accreditation Certificates as appropriate

**1. PROPOSER**

Full name of Company or Companies proposed to be insured:

Principal address:

Website address:

Type of Business:

Manufacturer  Assembler  Wholesaler  Importer  Exporter

Other (please specify)

Please provide number and location of operations:

**2. PRODUCTS**

Please provide full business description and details of your products:

Automotive Safety Critical  Automotive Non Safety Critical  Non Automotive

Product Functions:

Application (where installed):

Please list the revenue figures for the past three years as well as the estimated revenue for the forthcoming year and indicate the approximate percentage split in revenue per territory supplied (please indicate applicable currency):

Direct USA/ Other

Year Revenue Canada % Countries %

Is this the total revenue for the whole of the proposed Company or Companies ? Yes  No

If not, please explain:

Please list the top three product lines produced in the last three years and for the forthcoming year, and indicate

the approximate percentage split in revenue per territory supplied (please indicate applicable currency):

Direct USA/ Other

Year Product Revenue Canada % Countries %

Please list any product that has been discontinued during the past five years with a short explanation:

Please list the three largest contracts for the last three years and the three largest contracts proposed for the forthcoming year:

Sales value (please

Year Product Type Customer (state currency)

**3. PRODUCT DESIGN**

Do you operate a research and development department? Yes  No

Do you do your own design work? Yes  No

Do you maintain records of any design changes and reasons for change? Yes  No

Are your designs subject to independent external review, testing or certification? Yes  No

Are your products designed, tested, labelled and manufactured to

meet or exceed all relevant government and industry standards of

the territories to which you are supplying? Yes  No

Do you manufacture any of your products to the specification of your customer? Yes  No

If your products are manufactured to the specification of your customers,

do they test your products upon receipt Yes  No

Do you receive an acceptance sign-off from your customers? Yes  No

What is the life expectancy of your products ?       years

**4. BATCH SIZE**

Please detail the monetary value and number of units of your normal production run/batch for products manufactured

Please detail the maximum number and value of a production run/batch (if possible)

**5. FAILURE RATE**

What is the failure rate of each product after handover (please state in each case whether this is based on actual experience)?

**6. NEW PRODUCTS**

Please list any new products that have entered the market in the last twelve months and list any new products that are planned to be introduced in the forthcoming twelve months

**7. QUALITY CONTROL AND TESTING**

Are you accredited with any internationally recognised standards? Yes  No

If Yes, please provide details

Do you have a Quality Assurance Plan in place? Yes  No

Is there a Quality Assurance department? Yes  No

Do you have a Quality Control Manager responsible only to top management? Yes  No

Are written testing procedures always followed? Yes  No

**Supplier’s Information**

Are products or components ordered to your specification? Yes  No

Have you determined which ones are critical to the safety of your final product? Yes  No

Are warranties obtained from all your suppliers? Yes  No

What percentage of bought-in products are tested prior to incorporation?       %

Do you audit your suppliers? Yes  No

If Yes, how often? Every       months

Do you maintain full rights of recourse against all of your suppliers? Yes  No

Do you require your suppliers to carry Product Recall insurance? Yes  No

Do you require your suppliers to carry Product Liability insurance? Yes  No

**Final products**

Please briefly describe the tests applied before sales:

What percentage are tested?       %

Are records of quality control tests kept so that you can identify

at a later date what tests you applied to given products at a given time ? Yes  No

How far back do your records go ?       years

**8. CLAIMS INFORMATION**

Have any claims (either insured or uninsured) been made against

you or any predecessor in business in the past ten years ? Yes  No

If Yes, please provide the following information per claim:

What costs were involved ?

Date(s) of incident(s) ?

Cause/Defect/Description of event ?

What rectification/remedial action has been taken since to prevent re-occurrence ?

Other than any details advised above, are you or any predecessor

in business aware, after full enquiry, of any circumstances which could

give rise to a future claim ? Yes  No

If Yes, please provide full details including potential monetary amounts involved

**9. RECALL PREPAREDNESS**

What plans exist to initiate a product recall?

Have press or other announcements been prepared for retention on file? Yes  No

Please provide details of records maintained to trace products

Do products carry:

Your company or brand name ? Yes  No

Your trade mark ? Yes  No

A part number ? Yes  No

A production batch number ? Yes  No

How long are records kept ?       years

Do you have a Recall Plan in place ? Yes  No

Do you have a Crisis Management Plan in place ? Yes  No

Name(s) and position(s) of personnel within your organisation empowered to authorise a recall

Name:

Position:

Name:

Position:

What is your estimate of the likely cost of a recall ?

If any of your products are incorporated into other products,

would other manufacturers initiate a recall ? Yes  No

**10. INSURANCE COVER REQUESTED**

Limits desired:

Excess/Deductible desired:

Has any Insurer ever cancelled, restricted or refused to renew

your Product Liability or Product Recall insurance ? Yes  No

If yes, please explain

Proposed effective date of this insurance ?

**11. DECLARATION**

I/We declare that after full enquiry the statements and particulars in this proposal are true and I/We have not misrepresented or suppressed any material facts.

I/We agree that this proposal and any accompanying documents or papers shall form the basis of the contract of insurance effected hereon.

I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of this proposal or the contract of insurance.

Full name:

Position:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_