

Application Form for Component Parts

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This application form is for the purpose of obtaining a quotation and does not bind the applicant or the Insurers to complete the Insurance. This information is not only vital for evaluating your exposure it will also provide the underwriter with an accurate profile of your company. However please note, that if a policy is later issued, this application form shall be the basis of, and become part of, the contract.

- All questions must be answered completely
- It is recommended to seek advice from your Head of QA when completing parts of this form
- This application must be signed and dated by an officer of the company or the authorized person responsible for obtaining Insurance

1. Applicant's Details

1.1 Name and address of company and subsidiaries to be insured under this Policy:

1.2 Main Contact Name and position:

Main Contact Phone: _____

Main Contact email _____

[To be used only by our Crisis Consultant for pre-incident planning and response]

Website: http://www. _____

1.3 Date company first established: _____

1.4 Has this company previously traded under a different name or ownership?

Yes No

If yes, please provide name of business: _____

1.5 Type of Operations:

Manufacturer

Distributer

Other

Assembler

Exporter

Importer

Retailer

Wholesaler

1.6 Type of Products:

Auto

Automotive Critical

Seatbelt

Automotive Non-Critical

Electronics

Tires

Airbag

Non-Auto

Computer

Boats/Ships

Consumer Electrics

Machinery

Building Materials

Plastics

Aircraft

1.7

| | Home | Elsewhere |
|-----------------------------------|------|-----------|
| Total Number of Plants/Facilities | | |
| Total Number of Employees | | |

2. Sales Information

2.1 Please provide estimated sales for the forthcoming year, sales for the current year, plus sales for the past 3 years:

| Year | Total Sales | USA (%) | Canada (%) | Europe (%) | Japan/Aus (%) | RoW (%) |
|------|-------------|---------|------------|------------|---------------|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

2.2 Please complete the following information for the top 3 plants or facilities:

| | Location | Total Sales | Products | Production Lines # | Daily output in \$, £, € | Production capacity % |
|---------|----------|-------------|----------|--------------------|--------------------------|-----------------------|
| Plant 1 | | | | | | |
| Plant 2 | | | | | | |
| Plant 3 | | | | | | |
| Plant 4 | | | | | | |
| Plant 5 | | | | | | |

2.3 Please complete the following information for the top 5 products or if coverage is contract specific, please list products to which this insurance is to apply:

| | Product Name/Type | Total Sales | Average batch size in \$ | Largest batch size in \$ | Daily output in \$, £, € | Average shipment value in \$, £, € |
|-----------|-------------------|-------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Product 1 | | | | | | |
| Product 2 | | | | | | |
| Product 3 | | | | | | |
| Product 4 | | | | | | |
| Product 5 | | | | | | |

2.4 Please detail your 5 largest contracts:

| | Customer | Product | Annual Sales | Daily Production | Ultimate OEM (VW) | OEM Model (GOLF) |
|------------|----------|---------|--------------|------------------|-------------------|------------------|
| Contract 1 | | | | | | |
| Contract 2 | | | | | | |
| Contract 3 | | | | | | |
| Contract 4 | | | | | | |
| Contract 5 | | | | | | |

3. Product Information

3.1. Please list the estimated total sales (in percentage) by:

| Wholesale | Retail | Manufacturing | Broker | Other |
|-----------|--------|---------------|--------|-------|
| % | % | % | % | % |

3.2. Please provide percentage of private label (product manufactured for others with their name), non-branded (products with no name) or branded (with your name or brand):

| Private Label | Non-Branded | Branded |
|---------------|-------------|---------|
| % | % | % |

3.3. What percentage of your products are manufactured by a third party?

_____ %

3.4. Do you operate a research and development department?

Yes No

3.5. Are all components design, production process, product specification, product performance signed off by your customer, completed using an APQP process?

Yes No

3.6. Do you do your own design work?

Yes No

3.7. Do you maintain records of design change and reasons?

Yes No

3.8. Are your designs subject to independent external review, testing or certification?

Yes No

3.9. Are all your design changes signed off by your customer before being implemented into productions?

Yes No

3.10. Are all products designed using an APQP process with customers?

Yes No

3.11. Do you manufacture any of your products to the specification of your customer?

Yes No

3.12. Are your products designed, tested, labelled and manufactured to meet or exceed all governmental and industry standards?

Yes No

3.13. Are all your products designed, tested, labelled and manufactured for optimum safety in spite of misuse or abuse?

Yes No

3.14. What is the life expectancy of your products (give number of years)?

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

3.16. Please indicate any new products that have commenced production or have entered the public stream of commerce within the last 12 months:

4. Your Supplier’s Information

4.1. Are the products or components ordered to your specifications? Yes No

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

4.3. Please indicate the estimated number of suppliers:

4.4. Please complete in respect of your top 5 suppliers and then all other, per below:

| Suppliers Name | Country | Product(s) | Length of contractual relationship |
|----------------|---------|------------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4.5. Do you have a Vendor Approval Program in place? (If yes, please provide a copy) Yes No

4.6. Do you audit your third party suppliers? (If yes, please provide copies of last audits for top 5 suppliers) Yes No

4.7. Do you have rights of subrogation against all your suppliers? (please provide sample copy of contract with suppliers) Yes No

4.8. Do you require your suppliers to carry Product Recall insurance? Yes No
 If yes, what limits are they required to purchase?

What coverage are they required to purchase?

4.9. Do you require your suppliers to carry Product Liability insurance? Yes No
 If yes, what limits are they required to buy?

Are you requiring to be added to their policy as additional insured? Yes No

5. Quality Control & Testing

- 5.1 Do you have a Quality Assurance Plan in place (if yes, please provide copy)? Yes No
- 5.2 Do you have any SOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practises) in place? Yes No
- 5.3 Is there a Quality Assurance Department? Yes No
- 5.4 Is the head of the Quality Assurance Department dedicated full time for such work? Yes No
- 5.5 Do you have a testing program at critical control points on the following:
- Incoming material (including packaging and labels) Yes No
- Manufacturing/Processing Yes No
- End product (including packaging and labels) Yes No
- 5.6 Do you use internal and/or external testing laboratory? Internal External Both
- 5.7 Are records of result 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 (please give number of years)?

- 5.8 If your products are manufactured to the specification of your customer do they test the products upon receipt? Yes No
- 5.9 Do you receive an acceptance sign-off from your customer Yes No
- 5.10 Do all of your products, as insured under this policy, comply with all US/Europe regulations and/or local law in the country where sold? Yes No

6. Recall Preparedness and Traceability

- 6.1 Do you have a current Recall Plan in place? (if yes, please provide copy) Yes No
- Date Updated _____
- 6.2 Do you have a Crisis Management Plan in place? (if yes please provide copy) Yes No
- Date Updated _____
- 6.3 Do you utilise a batch coding system? Yes No
- 6.4 What percentage of your products can the company identify by the following:

| | | | | | |
|---------------|---|--------|---|-----------------|---|
| Product Name: | % | Day: | % | Hour: | % |
| Batch: | % | Shift: | % | Plant produced: | % |

6.5. To what level can you trace their products handled, manufactured or produced once they have left their care, custody and control (please provide details)?

6.6. Are records kept of all shipments? Yes No

If yes, for how long: _____

7. Incident and Loss Information

7.1. Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal or third party audit over the past ten (10) year? Yes No

If yes, please provide details: _____

7.2. In the last 10 years have you withdrawn or recalled any products or have you been responsible for the costs incurred by any third party arising from the withdrawal or recall of any products regardless of any subrogation? Yes No

If yes, please provide the following:

Date of incident or loss _____ Location where incident occurred _____

Description of the incident _____

7.3. Does the company know of any actual, threatened or suspected product tampering involving any of the company's products during the past 10 years? Yes No

7.4. Does the company, its directors and officers have any knowledge of any current situation, fact or circumstance which might lead to a claim under this policy? Yes No

7.5. Do you maintain any Product Liability Insurance? Yes No

If yes, what are the limits and deductible/SIR? _____

7.6. Do you maintain any E&O Insurance? Yes No

If yes, what are the limits and deductible/SIR? _____

8. Limits & Self Insured Retention Options

8.1. Limits of Insurance requested:

#1 _____ #2 _____ #3 _____

8.2. Self Insured Retention Requested:

#1 _____ #2 _____ #3 _____

9. Declarations

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance affected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

Full Name: _____

Signature: _____ Date: _____

Position: _____

10. Further Information

For further information about Talbot or our products or help with completing this application form please contact the Crisis Management team at:-

Email: crisis.management@talbotuw.com

Tel: +44 207 550 3500

Website: www.talbotuw.com/crisismanagement

Our retained Crisis Consultants are Security Exchange, further information can be found at:-

Email: enquiries@securityexchange24.com

Tel: +44 (0) 1491 683710

Website: www.securityexchange24.com