

**SUPPLIER SELF-DECLARATION**

COMPANY DATA				
<b>I. Company</b>				
<b>II. Address</b>				
<b>III. Communication</b>	Telephone	Telefax	general E-Mail	
<b>IV. Reference persons</b>	Name	Telephone	E-Mail	
a. Chief executive				
b. Key Account				
c. Sales back office				
d. Chief engineer R&D				
e. Quality management				
<b>V. Year of foundation</b>				
<b>VI. Production locations</b>				
<b>VII. Affiliated group</b>				
<b>VIII. Subsidiary companies</b>				
<b>IX. Employees</b>	Production	Administration	of that in R&D	of that in QM
<b>X. Development</b>	Turnover €(k)	Investment €(k)	Profit €(k)	Employees
a. Current year				
b. Previous year				
c. Pre-previous year				
<b>XI. CAD</b>				
a. CAD-System				
b. Data exchange formats				
<b>XII. Customers references</b>	Company	Turnover €(k)	Delivered products	
a. TOP 1				
b. TOP 2				
c. TOP 3				
d. TOP 4				
e. TOP 5				
<b>XIII. Competitors</b>	Company			
a. TOP 1				
b. TOP 2				
c. TOP 3				

## PRODUCTION, TECHNOLOGY AND LOGISTICS

<b>I. Which products do you provide?</b>					
a. as manufacturer					
b. as retailer					
<b>II. Which type of production are you specialised in?</b>					
		from		up to	
a. high-volume serial	<input type="checkbox"/>		pcs.		pcs.
b. medium- to small serial	<input type="checkbox"/>		pcs.		pcs.
c. single-unit production	<input type="checkbox"/>		pcs.		pcs.
<b>III. What is your shift model in production and your utilization of capacity?</b>					
					utilization
a. single-shift operation	<input type="checkbox"/>		%		
b. two-shift operation	<input type="checkbox"/>		%		
c. three-shift operation	<input type="checkbox"/>		%		
<b>IV. Which possibilities in surface protection do you / your partner provide?</b>					
		self		partner	
a. Galvanising	<input type="checkbox"/>	<input type="checkbox"/>			
b. Liquid painting	<input type="checkbox"/>	<input type="checkbox"/>			
c. Powder coating	<input type="checkbox"/>	<input type="checkbox"/>			
d. EDP-coating	<input type="checkbox"/>	<input type="checkbox"/>			
<b>V. Do you have a PPC-system available?</b>					
	No	Yes	which system?		
	<input type="checkbox"/>	<input type="checkbox"/>			
<b>VI. Which possibilities in logistics do you provide?</b>					
a. Just-in-time	<input type="checkbox"/>				
b. Kanban	<input type="checkbox"/>				
c. Consignment stock	<input type="checkbox"/>				
d. buffer stock / on demand	<input type="checkbox"/>				
<b>VII. Do you have a stock on-demand / buffer stock available for finished goods?</b>					
	No	Yes	stock capacity		
	<input type="checkbox"/>	<input type="checkbox"/>			
<b>VIII. What is your average lead time for the goods provided to us?</b>					
		weeks			

## QUALITY MANAGEMENT

<b>I. Do you have a QM-manual installed?</b>						
		No	Yes			
		<input type="checkbox"/>	<input type="checkbox"/>			
<b>II. Do you review your QM-system by internal audits periodically and systematically?</b>						
		No	Yes	interval		
		<input type="checkbox"/>	<input type="checkbox"/>			
<b>III. Which certifications do you have? (Please enclose as attachment !)</b>						
		No	scheduled by	Yes	period of certification	
a. ISO 9001:2000	<input type="checkbox"/>		<input type="checkbox"/>			
b. ISO 16949	<input type="checkbox"/>		<input type="checkbox"/>			
c. ISO 14001	<input type="checkbox"/>		<input type="checkbox"/>			
d. Other	<input type="checkbox"/>		<input type="checkbox"/>			
<b>IV. In which divisions do you apply a quality check?</b>						
		No	Yes			
a. Receipt of goods	<input type="checkbox"/>	<input type="checkbox"/>				
b. Production process	<input type="checkbox"/>	<input type="checkbox"/>				
c. Final acceptance	<input type="checkbox"/>	<input type="checkbox"/>				
d. Shipping of goods	<input type="checkbox"/>	<input type="checkbox"/>				
e. Other						
<b>V. Do you record all inspect. plans and test results and make them available to us if required?</b>						
		No	Yes			
		<input type="checkbox"/>	<input type="checkbox"/>			
<b>VI. Do you apply external audits at your suppliers?</b>						
		No	Yes	interval		
		<input type="checkbox"/>	<input type="checkbox"/>			
<b>VII. Are you willing to grant us access to your production sights, testing area and stock in sense of a quality audit?</b>						
		No	Yes			
		<input type="checkbox"/>	<input type="checkbox"/>			
<b>VIII. Do you review your test devices periodically and systematically?</b>						
		No	Yes	interval		
		<input type="checkbox"/>	<input type="checkbox"/>			
<b>IX. Do you know your quota of misperformance?</b>						
		No	Yes	rejects	claim	
		<input type="checkbox"/>	<input type="checkbox"/>	%	%	

## INSURANCE DATA

### I. Business and product liability insurance

Company \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Insurer \_\_\_\_\_  
Insurance policy no. \_\_\_\_\_

II. Sums insured: \_\_\_\_\_ € for personal injuries  
\_\_\_\_\_ € for property damage  
\_\_\_\_\_ € flat rate for personal injury and/or property damage  
\_\_\_\_\_ € for financial losses

III. Sublimit for product  
financial losses \_\_\_\_\_ €

IV. The total payment for all insured events in an insurance year is the insured sums  
multiplied by the factor \_\_\_\_\_

### V. The contract contains the following components of the extended product liability insurance:

- Personal injury and damage to property due to material defects resulting from the lack of characteristics that were agreed on
- Damage inflicted by further manufacturing or processing
- Removal and installation costs:

The exclusion of components, accessories or equipment of motor vehicles

- is part of the contract
- is not part of the contract

- Damage due to defective machines
- Testing and sorting costs

### VI. Insurance cover also exists for

- Contractual extension of the legal limitation period to \_\_\_\_\_ months
- Waiver of the commercial duty of inspection and notification of defects according to § 377 HGB

### VII. Area of application:

- Insured are loss events that occurred abroad
- Insured are loss events that occurred abroad, with the exception of loss events in \_\_\_\_\_ as a result of direct exports to these countries.

### VIII. In addition there is a

- Product recall cost insurance with an insured sum of \_\_\_\_\_ €
- Motor vehicle recall cost insurance with an insured sum of \_\_\_\_\_ €