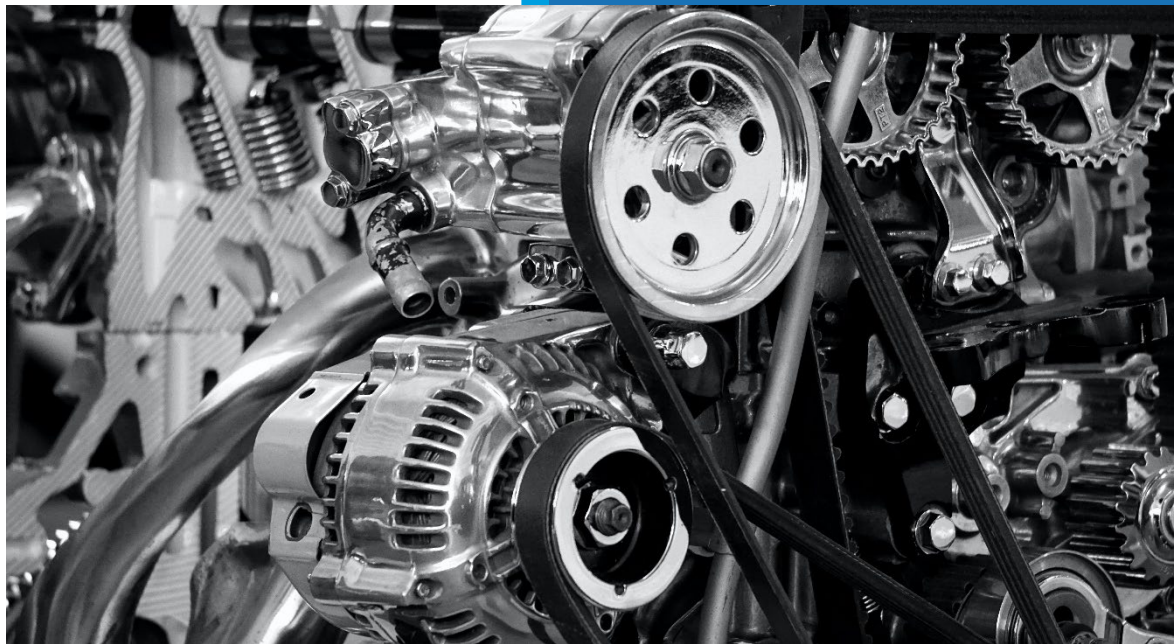




BluNiche

# Automotive Component Parts - Proposal Form



# Proposal Form for Component Parts

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

Please note that Blu Niche Risk Services Ltd will not provide cover and will not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Blu Niche Risk Services Ltd to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

## 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

\_\_\_\_\_ *Used only by our Crisis Consultant for pre-incident planning and response*

Website: <http://www.>

\_\_\_\_\_

1.3. Date company first established:

\_\_\_\_\_

1.4. Is any director also a director of a supplier or customer?

YES

NO

If yes, please specify: \_\_\_\_\_

1.5. What SIC / NAICS codes do you use?

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

YES

NO

If yes, please provide name of business: \_\_\_\_\_

1.7. Type of operations:

<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Assembler	<input type="checkbox"/>	Exporter
<input type="checkbox"/>	Importer	<input type="checkbox"/>	Retailer
<input type="checkbox"/>	Wholesaler	<input type="checkbox"/>	Other:

1.8. Type of products:

Auto			
<input type="checkbox"/>	Automotive critical	<input type="checkbox"/>	Automotive non-critical
<input type="checkbox"/>	Tyres	<input type="checkbox"/>	Seatbelt
<input type="checkbox"/>	Electronics	<input type="checkbox"/>	Airbag
Non-Auto			
<input type="checkbox"/>	Computer	<input type="checkbox"/>	Machinery
<input type="checkbox"/>	Plastics	<input type="checkbox"/>	Boats/Ships
<input type="checkbox"/>	Building materials	<input type="checkbox"/>	Aircraft
<input type="checkbox"/>	Consumer electronics		

1.9. A. Plants & Employees:

	Home	Elsewhere
Total Number of Plants/facilities		
Total Number of Employees		

B. Were any staff laid off or contracts terminated during the pandemic in 2020 or 2021?

YES

NO

If yes, how many staff? \_\_\_\_\_

*Have the positions held by such staff, been rehired to the same level of experience?*

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## 2. Sales information

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

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

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

	Plant One	Plant Two	Plant Three	Plant Four	Plant Five
Location					
Total Sales					
Products					
Production Lines #					
Daily output in \$ £ €					
Production capacity %					

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

	Product One	Product Two	Product Three	Product Four	Product Five
Product name/type					
Date first marketed					
Total Sales					
Average batch size in \$					
Largest batch size in \$					
Daily output in \$ £ €					
Average shipment value in \$ £ €					
Fail rate %					
Fail rate (sale value)					
Fail rate (12 months prior)					
Fail rate (24 months prior)					

2.4. List any product discontinued during the last five years with a short explanation:

Product	Date of discontinuation	Explanation

2.5. Please detail your five largest contracts:

	Contract One	Contract Two	Contract Three	Contract Four	Contract Five
Customer					
Length of contractual relationship					
Product					
Annual Sales					
Daily Production					
Ultimate OEM (e.g. VW)					
OEM Model (e.g. Golf)					

### 3. Product information

3.3. Please list the estimated total sale (in percentage) by:

OEM	Garages	After Market	Other (please specify):	
%	%	%	%	

3.4. 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
%	%	%

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

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3.6. Do you operate a research and development department?

YES  NO

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

YES  NO

3.8. Do you do your own design work?

YES  NO

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

YES  NO

3.10. Are you designs subject to independent external review, testing or certification?

YES  NO

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

YES  NO

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

YES

NO

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

YES

NO

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

YES

NO

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

## 4. Your suppliers' information

4.3. Are the products or components ordered to your specifications?

YES

NO

4.4. Have you determined which ones are critical to the safety of your final product?

YES

NO

4.5. Please indicate the estimated number of suppliers: \_\_\_\_\_



4.6. Please complete in respect of your top five suppliers:

Supplier's Name	Country	Product(s)	Length of Contractual Relationship

4.7. Do you have a Vendor Approval Program in place? *If yes, please provide a copy*

YES

NO

4.8. Do you audit your third party suppliers? *If yes, please provide copies of last audits for top five suppliers*

YES

NO

4.9. Do you have rights of subrogation against all your suppliers? *Please provide sample copy of contract with suppliers*

YES

NO

## 5. Quality control and testing

5.3. Do you have a Quality Assurance Plan in place (if yes, please provide copy)?

YES

NO

5.4. Do you have any SOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practises) in place?

YES

NO

5.5. Is there a Quality Assurance Department?

YES

NO

5.6. Is the head of the Quality Assurance Department dedicated full time for such work?

YES

NO

5.7. Do you have a testing program at critical control points on the following:

	YES	NO
Incoming material (including packaging and labels)		
Manufacturing/Processing		
End product (including packaging and labels)		

5.8. Do you use internal and/or external testing laboratory?

INTERNAL

EXTERNAL

BOTH

5.9. 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

5.10. How far back do your records go (please give number of years)?

5.11. If your products are manufactured to the specification of your customer do they test the products upon receipt?

YES

NO

5.12. Do you receive an acceptance sign-off from your customer

YES

NO

5.13. 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

### 6.3. Planning:

	Yes	No
Do you have a current Recall Plan in place? <i>If yes, please provide copy</i>		
Date updated		
Do you have a Crisis Management Plan in place? <i>If yes, please provide copy</i>		
Date updated		

### 6.4. Do you utilise a batch coding system?

YES NO 

### 6.5. What percentage of your products can the company identify by the following:

Product Name:	%	Day:	%	Hour:	%
Batch:	%	Shift:	%	Plant Produced:	%

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

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### 6.7. Are records kept of all shipments?

YES NO 

If yes, for how long:

## 7. Incident and loss information

7.3. 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) years?

YES

NO

7.4. *If yes, please provide details:*

7.5. 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:

## 8. 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: \_\_\_\_\_

## 9. Further information

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

Email: [contact@bluniche.com](mailto:contact@bluniche.com)

Tel: +44 203 745 2460

Website: [www.bluniche.com](http://www.bluniche.com)

*Blu Niche Risk Services Limited is a limited liability company incorporated in England & Wales (Company number: 13809098). Registered Office 8 Lloyd's Avenue, 1<sup>st</sup> Floor, London, EC3N 3EL. Blu Niche Risk Services Limited is an Appointed Representative of D A Strategy Limited, which is authorised and regulated by the Financial Conduct Authority FCA 927590.*

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