



AUTO PARTS PROPOSAL FORM

Please return this form via email to

info@j-jins.com

Name of company to be insured:

Company address:

Name(s) and address(es) of all companies to be insured (please provide on additional paper if required):

Website address:

1. Confirm your line of business:

Manufacturer
 Vendor
 Retailer

Other:

2. Number of years in business:

3. Gross sales for prior year:
Gross sales for current year:

4. Please provide percentage of sales of products manufactured or imported:

<input type="checkbox"/> % Engine Components	<input type="checkbox"/> % Cooling Products	<input type="checkbox"/> % Turbo / Superchargers	<input type="checkbox"/> % Exhaust
<input type="checkbox"/> % Drivetrain	<input type="checkbox"/> % Suspension	<input type="checkbox"/> % Brakes	<input type="checkbox"/> % Steering
<input type="checkbox"/> % Electronics	<input type="checkbox"/> % Interior Trim	<input type="checkbox"/> % Cargo Management	<input type="checkbox"/> % Exterior Trim
<input type="checkbox"/> % Fuel Sys.	<input type="checkbox"/> % Heating and Air	<input type="checkbox"/> % Safety Equipment	<input type="checkbox"/> % Towing Products
<input type="checkbox"/> % Lubricants	<input type="checkbox"/> % Polish / Cleaners	<input type="checkbox"/> % Chassis / Frame	<input type="checkbox"/> % Other – Please explain below

5. Gross sales split by territory:

<input style="width: 100%; height: 25px;" type="text"/> % Sales to USA & Canada	<input style="width: 100%; height: 25px;" type="text"/> % Sales to Europe
<input style="width: 100%; height: 25px;" type="text"/> % Sales to Africa	<input style="width: 100%; height: 25px;" type="text"/> % Sales to Oceania
<input style="width: 100%; height: 25px;" type="text"/> % Sales to Asia	<input style="width: 100%; height: 25px;" type="text"/> % Sales to Latin America

6. Are you ISO 9001/2 accredited? YES / NO
7. Details of Quality Control & risk management procedures in place
(please answer on additional paper if required)
8. Full details of recall procedures and confirm a recall plan is in place?
9. How often are batches tested and how large are batch sizes?
10. Do you reserve all your rights to claim against the original manufacturers?
11. Details of batch sizes sold and supplied?
12. Please provide full details of any claims and incidents or occurrences in the past 10 years.
To include:
 - Date of loss
 - Description of claim
 - Amount
 - Defense costs
 - Reserves
 - Outstanding

If needed please describe any incidents on a separate sheet.

13. Please provide details of current insurer

Insurance company:	<input type="text"/>
Expiration date of policy:	<input type="text"/>
Limits of indemnity:	<input type="text"/>
Current premium:	<input type="text"/>
Effective date:	<input type="text"/>

DISCLAIMER

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

Signed:	<input type="text"/>
Name:	<input type="text"/>
Title (to be signed by an owner, manager of the company):	<input type="text"/>
Date:	<input type="text"/>

Blank lined area for notes or text.