



TIRE & WHEEL 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. Gross sales split by product:

LTR

PCR

TBR

WHEELS

OTR

ST

Other

5. Gross sales split by territory:

% Sales to USA & Canada

% Sales to Europe

% Sales to Africa

% Sales to Oceania

% Sales to Asia

% Sales to Latin America

6. Are you ISO 9001/2 accredited? **No. The manufacturers do.**
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?
Yes.
11. Please list all manufacturers that you purchase from?
12. Does each of the manufacturers has their own product liability insurance?
13. Are you an 'Additional Insured' on the original manufacturers Product Liability insurance policy?
14. Please provide full details of any claims or 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.

15. 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 calculations.