

## Retread Tire PROPOSAL FORM

Please return this form via email to

[info@j-jins.com](mailto: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	<input type="text"/>	PCR	<input type="text"/>	TBR	<input type="text"/>
WHEELS	<input type="text"/>	OTR	<input type="text"/>	ST	<input type="text"/>
				Other	<input type="text"/>

**5. Gross sales split by territory:**

<input type="text"/>	% Sales to USA & Canada	<input type="text"/>	% Sales to Europe
<input type="text"/>	% Sales to Africa	<input type="text"/>	% Sales to Oceania
<input type="text"/>	% Sales to Asia	<input type="text"/>	% 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:

Expiration date of policy:

Limits of indemnity:

Current premium:

Effective date:

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**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:

Name:

Title (to be signed by an owner, manager of the company):

Date:

Blank lined area for notes or text.