

Agency no.

B no.b

ALLIANZ COMMERCIAL

# Questionnaire on general/product liability insurance for manufacturing companies and commercial operations

## FH 174/15

This questionnaire serves to collect data on the company so that a proposal can be prepared. The provisions of the German Federal Data Protection Act shall be observed.

**Applicant**

Mr.  Ms.  Company Title \_\_\_\_\_

Surname, first name \_\_\_\_\_

or company name, \_\_\_\_\_

street, house no., \_\_\_\_\_

postcode, \_\_\_\_\_

town/city, \_\_\_\_\_

additional \_\_\_\_\_

street/town/city \_\_\_\_\_

info., risk address \_\_\_\_\_

Telefon\* \_\_\_\_\_ Fax\* \_\_\_\_\_ e-Mail\* \_\_\_\_\_

Internet www.\* \_\_\_\_\_ Vers. Nr. GHA\* \_\_\_\_\_

business partner\* \_\_\_\_\_

Telefon, fax, e-Mail of the intermediary (where available)

\* voluntary information

### Question on the risk

Please answer the following questions, if necessary on an extra page, providing the necessary details so that your detailed knowledge of the risks can allow an objective assessment. Where possible, please attach supporting documents (brochures, organizational charts, procedural descriptions, annual reports, purchase/supply conditions, etc.)

## 1. General information

### 1.1 Company profile/field of activity

**1.2 No. of employees** (incl. contract workers) \_\_\_\_\_

thereof performing assembly work, etc. on third-party land/properties \_\_\_\_\_

### 1.3 Other businesses/enterprises/companies

(e.g. sales or property company) in Germany  yes  no

Are these companies to be included in the cover?  yes  no

Please specify name of company/companies, address(es) and field(s) of activity where appropriate:

## 2. Revenue

Total revenue (excl. VAT) \_\_\_\_\_ EUR

thereof attributable to \_\_\_\_\_ EUR

**2.1 Vehicle components** \_\_\_\_\_ EUR

**2.2 Watercraft components** \_\_\_\_\_ EUR

**2.3 Train components** \_\_\_\_\_ EUR

**2.4 Wind energy facilities/components, on-shore**  
(on-shore covers the area up to the shoreline during flood tide) \_\_\_\_\_ EUR

**2.5 Offshore facilities/components, incl. wind energy**  
(offshore starts at the shoreline during flood tide) \_\_\_\_\_ EUR

**2.6 Air/spacecraft components**  
(air/spacecraft product liability insurance policy required) \_\_\_\_\_ EUR

**2.7 Remuneration to sub-contractors** \_\_\_\_\_ EUR

**2.8 Products with nanotechnology** \_\_\_\_\_ EUR

**3. Product information for manufacture and sale of own products** (please attach brochures if possible)

– please complete one line per type of product, on an extra page if necessary –

Products with description of function and purpose	Revenue share %	No. in thou. per series/year	Do your customers do the following with your products		
			Mixing	(Further) processing	Fitting
(in each case with revenue share in %)					
_____	_____ %	_____	_____ %	_____ %	_____ %
_____	_____ %	_____	_____ %	_____ %	_____ %
_____	_____ %	_____	_____ %	_____ %	_____ %

**4. Product information for trading in third-party products** (please attach brochures if possible)

– please complete one line per type of product, on an extra page if necessary –

Products with description of function and purpose	Revenue share %	No. in thou. per series/year	Do your customers do the following with your products		
			Mixing	(Further) processing	Fitting
(in each case with revenue share in %)					
_____	_____ %	_____	_____ %	_____ %	_____ %
_____	_____ %	_____	_____ %	_____ %	_____ %
_____	_____ %	_____	_____ %	_____ %	_____ %

- a) What percentage of your trading revenue is generated with suppliers outside of the EU? (excluding Asia) \_\_\_\_\_ %
  - b) What percentage of your trading revenue is generated in your own name, based on a trademark or other distinctive mark? \_\_\_\_\_ %
  - c) For what percentage of your trading revenue can you no longer specify the source after delivery (e.g. due to a lack of documentation)? \_\_\_\_\_ %
- If a) through c) overlap:  
 What percentage of your trading revenue falls under at least one of these items? \_\_\_\_\_ %

**5. Performance of assembly work (incl. servicing, etc.) on third-party land/properties**

(please provide an exact description)

	Revenue share in %
_____	_____ %
_____	_____ %
_____	_____ %

**6. Performance of IT services for third-parties**

yes  no

– if so, please complete and attach the questionnaire for companies in the IT industry – FH---0403Z0 –

**7. Other services** (please provide an exact description)

	Revenue share in %
_____	_____ %
_____	_____ %
_____	_____ %

## 8. Special risk factors

### 8.1 Machinery (incl. control and measurement technology, tools belonging to/for machines)

Which of the products manufactured/supplied by you and/or services provided by you are used by your customers as machinery, as control and measurement technology for machinery, as tools belonging to or for machinery to manufacture or process goods?

– please describe where not evident from the information provided above –

	Revenue share in %
_____	_____ %
_____	_____ %
_____	_____ %

### 8.2 Pharmaceutical products/medical products

Do you supply pharmaceutical products  yes  no

Are these subject (in part) to mandatory insurance coverage under the German Drug Act?

ja Revenue share in % \_\_\_\_\_ %  nein Revenue share in % \_\_\_\_\_ %

– if so, please complete and attach the questionnaire for liability insurance for pharmaceutical companies –  
FH----0176Z0 –

Do you supply ingredients/by-products for pharmaceutical products?  yes  no Revenue share in % \_\_\_\_\_ %

Do you produce, on a contract order basis, or do you process products for pharmaceutical companies?  yes  no Revenue share in % \_\_\_\_\_ %

Do you export pharmaceutical products/medical products (including ingredients/by-products) to France?  yes  no Revenue share in % \_\_\_\_\_ %

If so, do you perform individual assessments as to whether or not insurance cover can be provided.

Do you manufacture/supply implants/implant components  yes  no Revenue share in % \_\_\_\_\_ %

If so, do you perform individual assessments as to whether or not insurance cover can be provided.

### 8.3 Contract and toll manufacturing/processing

Do you manufacture/process products on a contract order basis?  yes  no

– if so, please complete one column per product, on an extra page if necessary –

Which products? \_\_\_\_\_

What is, in each case

a) the revenue share in %? \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

b) the sale value of the products after processing? \_\_\_\_\_ EUR \_\_\_\_\_ EUR \_\_\_\_\_ EUR

### 8.4 Rented/leased buildings/rooms

Are your company premises or parts thereof located in rented buildings/premises?  yes  no

If so, is damage to rented buildings/premises caused by fire and explosions to be insured?  yes  no

Desired sum insured \_\_\_\_\_ EUR

**9. Risks located abroad**

Do you export products to countries outside of Europe or perform assembly work there?  yes  no

US/US territories; Canada

– Please complete and attach the questionnaire for determining the risk associated with exports to and assembly work in the US/US territories and Canada – FH---0183Z0 –

rest of the world (excl. Europe) Which countries? \_\_\_\_\_

Share of total revenue attributable to exports \_\_\_\_\_ EUR

Assembly work (annual assembly costs) \_\_\_\_\_ EUR

Do you have subsidiaries/branch offices abroad for which you would like insurance cover?  yes  no

– if so, please complete and attach the questionnaire for liability insurance for the foreign branch office of a German commercial customer – FH---0187Z0 –

**10. Sums insured**

What are your desired sums insured?

Bodily injury \_\_\_\_\_ EUR

for individual people, a maximum of: \_\_\_\_\_ EUR

physical loss or damage \_\_\_\_\_ EUR

or

Bodily injury and physical loss or damage as a lump sum: \_\_\_\_\_ EUR

for individual people, a maximum of: \_\_\_\_\_ EUR

Sublimit for the cover components in 4.2 et seq. of the extended product liability insurance \_\_\_\_\_ EUR

**11. Extensions of cover and special features**

– please use an extra page if necessary –

**12. Previous insurance**

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Canceled  no  yes, as at \_\_\_\_\_

**13. Claims information**

Have you made claims/have damage claims been asserted against you in the last 5 years?  yes  no  
 – please provide detailed list of claims on extra sheet where appropriate –

Year	Type	Cause	Expense	Costs	still open
_____	_____	_____	_____	_____ EUR	<input type="checkbox"/>
_____	_____	_____	_____	_____ EUR	<input type="checkbox"/>
_____	_____	_____	_____	_____ EUR	<input type="checkbox"/>
_____	_____	_____	_____	_____ EUR	<input type="checkbox"/>

**14. Policy inception/term**

Desired policy inception date \_\_\_\_\_ 12 noon Main due date \_\_\_\_\_  
 Type of payment desired \_\_\_\_\_ annual

**15. Liability insurance for recall costs**

Are you interested in taking out an insurance policy to cover product recalls?  yes  no  
 – if so, please complete and attach the questionnaire on insurance for recall costs – FH---0407Z0 –  
 for vehicles?  yes  no  
 – if so, please complete and attach the questionnaire on insurance for vehicle recall costs – FH---0155Z0 –

**16. Environmental facility liability insurance**

– to determine the existing environmental list, please complete the risk assessment form for environmental liability insurance (environmental facility liability insurance) – FH---0402Z0 –

**17. Facilities**

The following have been taken into account for the risk assessment and have been attached as appendices:

**Questionnaire**

- for determining the risk associated with exports to and assembly work in the US/US territories and Canada – FH---0183Z0
- on insurance for recall costs – FH---0407Z0
- on insurance for vehicle recall costs – FH---0155Z0
- for liability insurance
- in favor of a foreign branch of a German commercial customer – FH---0187Z0
- on liability insurance for pharmaceutical companies – product liability insurance – FH---0176Z0
- for companies in the IT industry – FH---0403Z0

**Risk assessment form**

- on environmental liability insurance (environmental facility liability insurance) – FH---0402Z0

**Brochures**

- 

**Other**

- \_\_\_\_\_

## Signatures

With my signature, I authorize the insurer to obtain information on previous claims from my previous insurer.

**Please attach advisory record FFB--2000Z0!**

A large empty rectangular box intended for the signature and details of the interested party.

Town/city, date, Signature of interested party

A large empty rectangular box intended for the signature and details of the intermediary.

Town/city, date, Signature of intermediary

**NB:** By signing this document, we confirm – without subjecting ourselves to an obligation to take out a policy – only the accuracy of the above information (blank fields shall be deemed an answer in the negative).