We would like to ask that you please fill out this survey, so that we may get an overview of your company on the basis of this information. This is part of our process which serves to enhance our mutual cooperation and which is a prerequisite for an objective supplier evaluation as well as the issuance of the status of „approved supplier“. All your information will be treated with confidentiality. Thank you!

➲ **Company:**

Name: Phone:

Street address: Fax:

Zip-Code / Town / City: Email:

Web address: Legal form:

➲ **Production sites:**

Number of employees:

Number of employees:

Number of employees:

➲ **Number of employees:**

Total: Production: Administration: Quality assurance: Research & Development:

➲ **Contact information:**

Position:	Name:	Phone:	Email:
CEO			
CSO			
Quality assurance			
Engineering/Production			
Logistics/Shipping			

➲ **Insurance coverage:**

Do you have product liability insurance? ☐ yes ☐ no

Insurance sum: Insurer:

Do you have product recall insurance? ☐ yes ☐ no

Insurance sum: Insurer:

Would you be willing to provide us with copies of the insurance policies if required?

☐ yes ☐ no

Which contingency plans do you employ in order to maintain your delivery capacity?

➲ **Sales volume / strategy:**

Sales volume per year: Preceding year: 2 years ago: 3 years ago:

Revenue distribution: Automotive: % Non-automotive: %

Sales strategy:

Automotive:	☐ unchanged	☐ increase	☐ reduction
Non-automotive:	☐ unchanged	☐ increase	☐ reduction

➲ **Branch** (Please transmit your portfolio of services and products, machine park, max. component size etc. in a separate list)**:**

Consumables:	☐	Packaging:	☐
Assembly (welding, …):	☐	Steel, iron, non-ferrous metals:	☐
Mechanical processing:	☐	Thermal processing:	☐
Standard part / customer drawing:	☐	Tool / gauge construction:	☐
Surface finishing:	☐	Miscellaneous:	☐

➲ **Serial production:**

Quantity from to

➲ **Utilization of production sites:**

☐ 1 shift ☐ 2 shifts ☐ 3 shifts per day / week

➲ **Procedures:**

Consignment storage: ☐ yes ☐ no Self-billing invoice: ☐ yes ☐ no

Electronic billing service: ☐ yes ☐ no EDI-link: ☐ yes ☐ no

↳ Technology:

➲ **Environment:**

Our current delivery portfolio contains products or ingredients

which are classified as hazardous substances: ☐ yes ☐ no

which have to be declared according to REACH: ☐ yes ☐ no

If so, were they declared prior to November 30th 2008? ☐ yes ☐ no

➲ **Quality assurance (pleaes provide us with all currently available certificates):**

Does your company employ an officially accredited, certified QA-system according to:

DIN EN ISO 9001:2015 ☐ yes ☐ no

If not, do you intend to introduce and certify this QA-system accordingly? (If so, when?) Date: ☐ no

MAQMSR (Minimum Automotive Quality Management System Requirements for Sub-Tier Suppliers): ☐ yes ☐ no

If not, do you intend to introduce and certify this QA-system accordingly? (If so, when?) Date: ☐ no

IATF 16949:2016 ☐ yes ☐ no

If not, do you intend to introduce and certify this QA-system accordingly? (If so, when?) Date: ☐ no

If not, do you employ a system which conforms to the requirements set by IATF 16949? ☐ yes ☐ no

DIN EN ISO 14001:2015 ☐ yes ☐ no

If not, do you intend to introduce and certify this QA-system accordingly? (If so, when?) Date: ☐ no

ISO 50001:2011 ☐ yes ☐ no

If not, do you intend to introduce and certify this QA-system accordingly? (If so, when?) Date: ☐ no

DIN EN ISO 45001:2018 ☐ yes ☐ no

If not, do you intend to introduce and certify this QA-system accordingly? (If so, when?) Date: ☐ no

Do you permit second party audits? ☐ yes ☐ no

Would you be willing to negotiate a QAA / QSV (quality assurance agreement)? ☐ yes ☐ no

According to which requirements can you conduct initial sampling procedures?

VDA	Template level	☐ 1	☐ 2	☐ 3
PPAP	Level	☐ 1	☐ 2	☐ 3
Other				

Please address any additional points / issues which are required for further clarification on a separate sheet.

Location Date Issuer

WE THANK YOU FOR YOUR COOPERATION IN THE IMPROVEMENT OF OUR MUTUAL COOPERATION.