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| **1. General** |
| **Contact data** |
| Company name |  | Additions |       |
| Street |       | ZIP code |       |
| Country |       | City |       |
| e-mail |       | Homepage  |       |
| Phone |       | Fax |       |
| Contact Sales |       | Contact QA |       |
| Phone |       | Phone |       |
| e-mail |       | e-mail |       |
| **Company data** |
| Sector |  |
| Manuf. locations |  |
| Reference customers |  |
| Worktime |  | 1-shift |  | 2-shifts |  | 3-shifts |
| **Number of employees (last 3 years)** |
| Year | Employees | Thereof QA |
|  |  |  |
|       |       |       |
|       |       |       |
| **Turnover (last 3 years)** |
| Year | Total turnover | Thereof export |
|       |       |       |
|       |       |       |
|       |       |       |

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| **2. Quality** |
| Please answer the following questions to our products in details.If your company is certified, you just need to send copies of your certificates.. |
| Is your company self certified? |   | yes |   | no |
| **If not:** |
| Is a certification planned? |   | yes |   | no |
|  |
| If yes, which norm will you use? |       |  |
|  |
| Do you agree with an audit by our QA? |   | yes |   | no |
| **If yes**, see listed certificates. (Please attache copies) |
| Certificate | No. of certificate | Date of certificate | Valid until |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| **3. Liability** |
| As company Kärcher Municipal is acting worldwide, we are obliged to ask following questions to all our suppliers. |
| Does your company have a product liability insurance? |   | yes |   | no |
| If yes, what is the covered amount? |
| Personal damages |       | € |
|  |
| Property damages |       | € |
|  |
|  |
| Does your product liability insurance cover the US market? |   | yes |   | no |
|  |
| Are prolonged warranty periods covered? |   | yes |   | no |
|  |
| Are the fundamentals of product liability known to your company? |   | yes |   | no |
|  |
| Does your company have a „recall insurance“? |   | yes |   | no |
|  |
| If yes, what is the covered amount? |       | € |
|  |
| Are any products excluded? |       |  |
|  |
| Are any emergency plans and procedures existing in your company? |   | yes |   | no |
|  |

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| Herewith we confirm the correctness of our information. |
|       |
| Place, date |  | Signature |