

Würth Modyf GmbH & Co. KG · Benzstr. 7 · 74653 Künzelsau-Gaisbach



Supplier Self-Assessment

Ladies and gentlemen,

Please find enclosed a supplier self-assessment form that we would ask you to complete and return to us along with the corresponding documents so we can create a vendor account for you. Please note that you need to complete the pages on „Insurance“ and „Quality/Environment“ as well. We would appreciate it if you could return all required documents, copies and other files to us within the next ten days.

What we need from you:

- Certificates
- Financing agreement
- Completed insurance certificate
- Security declaration
- Completed Supplier Self-Assessment
- Contract

All information given in this questionnaire is binding!

PLEASE NOTE:

You are expected to comply with our Conditions of Purchase (incl. ILO) and our supplier guidelines. These documents, as in effect at any given time, can be viewed at www.modyf.de/lieferanten

Kind regards,

2

SUPPLIER SELF-ASSESSMENT INSURANCE

Information on current insurance coverage

General manufacturer's and product liability insurance including recall insurance

Name and address of the insurance holder/supplier

Name and address of the liability insurance company

Insurance number

Insurance cover for	sum covered	deductible amount	scope
Personal injury	<hr/>	<hr/>	
Material damage	<hr/>	<hr/>	
Financial loss	<hr/>	<hr/>	
Product liability damages	<hr/>	<hr/>	
Recall costs	<hr/>	<hr/>	<hr/>

Are the following cost items covered?

1. Third-party costs for the combination, blending or processing of the products supplied? ☐ Yes ☐ No
 2. Third-party costs for further processing or treatment? ☐ Yes ☐ No
 3. Costs for installation or removal? ☐ Yes ☐ No
 4. Coverage for:

Rail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sub limit (amount insured)	<hr/>
Watercraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sub limit (amount insured)	<hr/>
Motor vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sub limit (amount insured)	<hr/>
Aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sub limit (amount insured)	<hr/>
 5. Assembly and maintenance works (if this service is rendered to the Würth Group) ☐ Yes ☐ No
 6. Non-product-related services (if these services are rendered to the Würth Group)
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7. Is your company a distributor or manufacturer of the products supplied to us? ☐ Manufacturer ☐ Distributor

Please enclose the corresponding proof of insurance from your liability insurance company that covers all the above details.

Date/Place

Name/Position

Company stamp/Signature

Name (company) _____
Street _____
Postal code/town _____
Country _____
Phone _____
Email _____

**SUPPLIER
SELF-ASSESSMENT
SECURITY DECLARATION**

**for Authorized
Economic Operators**

I hereby declare that:

- goods, which are produced, stored, forwarded or carried by order of Authorized Economic Operators (AEO), which are delivered to AEO or which are taken for delivery from AEO
 - o are produced, stored, prepared and loaded in secure business premises and secure loading and shipping areas.
 - o are protected against unauthorized interference during production, storage, preparation, loading and transport.
- reliable staff is employed for the production, storage, preparation, loading and transport of these goods.
- business partners who are acting on my behalf are informed that they also need to ensure the supply chain security as mentioned above.

Date/Place

Name/Position

Company stamp/Signature