

# PPC INSULATORS

## Request for Supplier information

COMPANY PROFILE	
Company	
Legal Form	
Year Established	
Address	
Country	
Telephone Number	
Fax Number	
Email	
Internet Homepage	
Commercial Contact	
Name	
Position	
Telephone number	
Email	
Technical Contact	
Name	
Position	
Telephone number	
Email	
COMPANY ORGANIZATION INFORMATION	
Management	
Shareholder / Owner	
Number of Employees	
Parent Company	
Subsidiaries	
Locations	
Turnover Of Last Three Fiscal Years	
Investments Of Last Three Fiscal Years	

Three Most Important Reference Customers And Markets	
Quality Certificates (if introduction is planned, please indicate implementation date)	<input type="checkbox"/> ISO 9001 <input type="checkbox"/> VDA6 <input type="checkbox"/> ISO TS 16949 <input type="checkbox"/> others
Environmental Certificates (if introduction is planned, please indicate implementation date)	<input type="checkbox"/> ISO 14001 <input type="checkbox"/> others
Energy Certificates (if introduction is planned, please indicate implementation date)	<input type="checkbox"/> ISO 50001 <input type="checkbox"/> others
<b>PRODUCTION PROFILE</b>	
Which raw materials can be processed ?	
Which manufacturing methods are applied?	
Which production techniques and equipments are in use? Please attach machine list)	
Which lot sizes and annual quantities suit best to your production equipment?)	
Consequently, what specific items can be produced most cost-effective?)	
Do you have an own toolmaking department?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have development experience? Product?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have development experience? Process?	<input type="checkbox"/> yes <input type="checkbox"/> no
What CAD-System do you use?	
<b>PRODUCT LIABILITY</b>	
Do you have a valid liability insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please indicate contractual amount covered	
Do you have a valid product recall insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>OTHER COMMENTS</b>	
Did you read our code of conduct and fully agree with it?)	<input type="checkbox"/> yes <input type="checkbox"/> no

DATE

NAME

Signature

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