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Chubb Recall Questionnaire

The questionnaire seen in Appendix A has been designed to extrapolate the minimum information requires to allow Chubb underwriters and risk control to make an informed decision on the quality of the risk.

It attempts to focus on the core elements of any organization which we would require depends on the scope of activities undertaken by the insured. These are:

1. Design
2. Manufacturing
3. Supply / Distribution

The questionnaire is split to reflect these activities.

The insured/ broker should only answer the section applicable to them.

In terms of questions to the attached questionnaire please contact:
erik.macalik@chubb.com

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Appendix A – Recall Questionnaire

Section 1 – About you
Company Name
HQ Address
Locations
Website
Business Description

Section 2 - Products

Q1. Please identify the top five products by turnover

Item Ref	Product Description	Annual Turnover	Years in production/sold
1			
2			
3			
4			
5			

Q2. For each of the items stated above, please identify:

- the intended function of the product
- the consequence of inefficacy, i.e. severity ratings of Design/-Integration FMEA
- whether there are any agreed or acceptable failure rates. This failure rate may be explicitly stated (i.e. through contract or adherence to standard) or implied through historical experience.

Item Ref	Intended Function	Consequence of Failure	Failure Rate and source of data
1			
2			
3			
4			
5			

Q3. For each of the items stated above please provide details of typical batch sizes and a description of any traceability in place (e.g. serialization etc.)

Item Ref	Annual Output	Typical Batch size	Traceable Y/N	Method of traceability (eg batch code, shift/day/week/ month/year, serial number, data matrix, bar code, etc)
1				
2				
3				
4				
5				

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Section 3 – Recall History and Controls

Q4. In the past ten years, has your product or any product supplied by you been recalled either by yourself or by a third party? ◯ Yes ◯ No

If yes, please provide details:

Q5. Do you have recall procedures in place that would cover all products within your product line? and is this process verified/audited frequently? ◯ Yes ◯ No

If so, please attach a copy to this questionnaire

Section 4 – Business Activities

The aim of this section is to allow us to get a better understanding of the activities undertaken by your organization. Please complete the sections below that apply to your business.

4.1 Design

Q6. Which of the following statements would best describe the scope of the majority of your design activities:

We are design authority/ IP holder for the product ☐

We design against a specification provided by a third party inc your client / end user ☐

We design for manufacture only (modify existing design to aid manufacturing process) ☐

Other- please describe:

Q7. Does your customer validate/ sign-off any design work you undertake prior to manufacture? ◯ Yes ◯ No

If YES, please describe nature of customer approval

Q8. Which of the following best describes how you validate your design as being fit for purpose?

- *Computer Modelling (eg Finite Element Analysis etc)* ☐
- *Physical Testing / Qualification against customer specification* ☐
- *Physical Testing / Qualification against own/ third party standards* ☐
- *Physical testing/ qualification by third party assessors* ☐
- *Other (please give further details below*

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Q9. Do you undertake any assessment to identify and quantify failure modes and frequencies (such as Failure mode Effect Analysis –FMEA, DESIGN for SIX SIGMA, ...) ◯ Yes ◯ No

If yes, please provide details below

4.2 Manufacturing

Q10. Please provide a brief overview of the manufacturing capabilities held within your organization

Q11. Do you utilize any subcontract manufacturing resource? ◯ Yes ◯ No

If so, please provide a brief overview what (if any) controls are in place to ensure that the product is acceptable (eg audit, quality plans, inspection regimes etc).

Q12. Please provide any details of any certified quality management system in place across your organization and which kind of quality culture you are utilizing, i.e. EFQM, SIX SIGMA, KAIZEN, ...

Q13. Are your processes audited by your customers / supply chain? ◯ Yes ◯ No

If so, please provide details such as auditing company, frequency, audit findings etc.

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4.3 Supply/Distribution

Q14. Please provide details of your five largest suppliers

Ref	Country location	Nature of products supplied	Safety Critical?
1			
2			
3			
4			
5			

If you have answered yes to any of the above, please provide further details below

Q15. For each of the supplier identified above, please can you provide the following additional information in terms of contractual issues and

Ref	Do they hold you harmless	Do you hold them harmless	Is liability limited in any way between both parties?
1			
2			
3			
4			
5			

If you have answered yes to any of the above, please provide further details below

Q16. What controls do you apply to your supply base to ensure competence and compliance with contract

- *Qualification/ approval of quality management system* ☐
- *Periodic Audit* ☐
- *Inspection* ☐
- *Other (please provide details below)*

O17. Please provide any details of your current warranty figures in % to Sales, IPTV / % / PPM -rates of Warranty (12/24/36 months data), & 0-km PPM figures

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