

| То                                                                                                                    | GRASS GmbH                                    |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| the suppliers of the GRASS Group                                                                                      | Grass Platz 1                                 |
|                                                                                                                       | A-6973 Höchst                                 |
|                                                                                                                       | E-Mail: einkauf@grass.eu                      |
|                                                                                                                       |                                               |
|                                                                                                                       |                                               |
|                                                                                                                       | Höchst, December 2016                         |
|                                                                                                                       |                                               |
| CERTIFICATE OF LIABILITY INSURANCE                                                                                    |                                               |
|                                                                                                                       |                                               |
| Dear ladies and gentlemen,                                                                                            |                                               |
| as subsidiary of the Würt Group we are encouraged to obtain a written proof of our suppliers on an ex                 | risting liability insurance coverage annually |
| as cassialary of the mark shoup we are choosinged to obtain a military proof of our cappillors of an ex-              | noting habity modification develope dimidding |
| Therefore we kindly ask you to fill out the attached questionnaire and send it back to us until the end $\frac{1}{2}$ | of december 2016.                             |
| Please also send us a copy of your current insurance policy.                                                          |                                               |
| riease also send us a copy of your current insurance policy.                                                          |                                               |
| For the completion within the specified period we would be very grateful.                                             |                                               |
|                                                                                                                       |                                               |
| Best regards,                                                                                                         |                                               |
| GRASS GmbH                                                                                                            |                                               |
| Strategic Purchasing GRASS Gruppe                                                                                     |                                               |
|                                                                                                                       |                                               |
|                                                                                                                       |                                               |
|                                                                                                                       |                                               |
| Attachement: Questionnaire "Supplier inquiry on existing third party liability insurance cover"                       |                                               |
|                                                                                                                       |                                               |
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|                                                                                                                       |                                               |
|                                                                                                                       |                                               |



## SUPPLIER INQUIRY ON EXISTING THIRD PARTY LIABILITY INSURANCE COVER

| Name and address of insu                             | rance policy ho     | older/supplier                                          |
|------------------------------------------------------|---------------------|---------------------------------------------------------|
|                                                      |                     |                                                         |
|                                                      |                     |                                                         |
|                                                      |                     |                                                         |
|                                                      |                     |                                                         |
| Name and address of third                            | d party liability i | insurer                                                 |
|                                                      |                     |                                                         |
|                                                      |                     |                                                         |
|                                                      |                     |                                                         |
|                                                      |                     |                                                         |
| Insurance policy number                              |                     |                                                         |
|                                                      |                     |                                                         |
|                                                      |                     |                                                         |
| Is there a third party/ger included (extended produc |                     | surance for your company in place? Is product liability |
| Yes                                                  | ,                   | No                                                      |
|                                                      |                     |                                                         |
| Is there global cover for di                         | rect and indired    | ct export to the USA and Canada?                        |
| If yes, please name insural liability?               | ance sums and       | deductibles for general liability and extended product  |
| Insurance sum(s)                                     |                     |                                                         |
| modranos sam(s)                                      |                     |                                                         |
|                                                      |                     |                                                         |
| Deductible(s)                                        |                     |                                                         |
|                                                      |                     |                                                         |
|                                                      |                     |                                                         |
| Are the following cost item                          | ns included?        |                                                         |
| 1. Costs of third parties as                         | s a result of cor   | mbination, mixing or processing?                        |
| Yes                                                  |                     | No                                                      |
|                                                      |                     |                                                         |
| 2. Costs of third parties fo                         | or further proce    | ssing or refinement?                                    |
| Yes                                                  |                     | No                                                      |
|                                                      |                     |                                                         |
| 3. Assembly and disassem                             | nbly costs?         |                                                         |
| Yes                                                  |                     | No                                                      |
|                                                      |                     |                                                         |



| 4. Damages of third parties as a result of deficiency of with the machines, machine parts, devices and lubricant insurance policy holder/losses with machines delivered Yes | ts supplied, installed or maintained by the |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|--|
| 5. Is there a worldwide coverage including direct and in Yes No                                                                                                             | direct exports to the USA and Canada?       |  |  |
| Does your company have a recall costs insurance?  Without motor vehicle coverage  Yes  No                                                                                   |                                             |  |  |
| With motor vehicle cover Yes No                                                                                                                                             |                                             |  |  |
| If yes, please name insurance sums and deductibles. Insurance sum(s)                                                                                                        |                                             |  |  |
| Deductible(s)                                                                                                                                                               |                                             |  |  |
| Is there global cover for direct and indirect export to the Yes No                                                                                                          | e USA and Canada?                           |  |  |
| Is your company manufacturer or retailer for the article  Yes  No                                                                                                           | s delivered?                                |  |  |
| Manufacturer Retailer                                                                                                                                                       |                                             |  |  |
| Is there an agreement about prolonged warranty periods contained in the insurance contract?  Yes  No                                                                        |                                             |  |  |
| If yes, please state months/years:                                                                                                                                          |                                             |  |  |
| Please send us a corresponding confirmation of coverage                                                                                                                     | ge from your third party liability insurer. |  |  |
| Place/Date/Stamp                                                                                                                                                            | Signature                                   |  |  |