

Questionnaire and Proposal for Deterioration of Stock in Cold Storage Insurance No.

1. Name and address
of proposer

Proposer is owner lessor lessee tenant of the cold-storage house

Name and address
of tenant
(if not yet stated)

Name and address of
cold-storage house

Nearest railway
station/airport

2. Cold-storage house

in operation all the year round months in the year

Room No.

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Area (m²)

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Height (m)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Temperature (°C)

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Rel. air humidity (%)

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CO₂ (%)²

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O₂ (%)²

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Air pressure (bar)²

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Insulation

cork mineral wool foam plastics

date of last check

date of last replacement

Alternative storage
facilities

yes no If so, give name(s) and address(es) of alternative cold-storage house(s).¹

distance km, percentage of goods which can be stored %

period months

Have these facilities been used in earlier instances? yes no

¹ If necessary on a separate sheet.

² To be answered only in the case of CA storage.

3. Refrigerating plant	Does a Machinery policy exist?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	If so, since when?	with which company?		
	When was the refrigerating plant first put into operation?			
	Please complete specification of refrigerating plant (page 4).			
	Is switchover from one unit to the other possible?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	If so, attach basic circuit diagram (sketch).			
	What refrigerating capacity remains when cold-storage rooms are fully stored?	%		
	Refrigerant	<input type="checkbox"/> NH ₃ <input type="checkbox"/> Freon 22 <input type="checkbox"/> Freon 12 <input type="checkbox"/> other		
	Pipes carrying refrigerant are	<input type="checkbox"/> on the ceiling	<input type="checkbox"/> on the walls <input type="checkbox"/> on the floor	
	Supervision	<input type="checkbox"/> by own staff <input type="checkbox"/> by government <input type="checkbox"/> by		
Maintenance	<input type="checkbox"/> irregular <input type="checkbox"/> regular at intervals of <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months			
	<input type="checkbox"/> other			
	Maintenance is carried out by	<input type="checkbox"/> manufacturer	<input type="checkbox"/> lessor	
	<input type="checkbox"/> own staff	<input type="checkbox"/> maintenance firm		
4. Control and alarm system	Please state total number of measuring devices for			
	<input type="checkbox"/> temperature	<input type="checkbox"/> rel. air humidity ²	<input type="checkbox"/> CO ₂ concentration ²	
	<input type="checkbox"/> CO concentration ²	<input type="checkbox"/> air pressure inside the rooms ²		
	Is there also an independent calibrated reference thermometer in each cold-storage room?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Check intervals (hours)	<input type="checkbox"/> temperature <input type="checkbox"/> rel. air humidity ²		
		<input type="checkbox"/> CO ₂ and CO concentration ²	<input type="checkbox"/> air pressure ²	
		Are there different arrangements for Sundays and public holidays?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Signalling devices	installed to show disturbance or failure of the plant?	<input type="checkbox"/> yes	<input type="checkbox"/> no
		If so, alarm is given	<input type="checkbox"/> audibly	<input type="checkbox"/> visibly
		If not, what is done to prevent losses?		
Maintenance is carried out		<input type="checkbox"/> irregularly	<input type="checkbox"/> regularly at intervals of months by	
5. CA storage	Can the cold-storage rooms be entered and inspected while in use?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Is the condition of the goods checked during storage?	<input type="checkbox"/> yes	<input type="checkbox"/> no	

² To be answered only in the case of CA storage

6. Power supply	Is failure of power supply to be insured?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Public power supply	<input type="checkbox"/> by ring main <input type="checkbox"/> by single dead-end feeder <input type="checkbox"/> by double dead-end feeder		
	laid <input type="checkbox"/> underground <input type="checkbox"/> overhead		
Own power supply (Please give details)			
Interruptions	of more than 2 hours in the last 2 years?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	If so, number of interruptions	max. duration	
Standby	Is operational standby generating equipment available at any time, which can produce the electrical capacity required when the cold-storage house is fully stocked?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	If so, total capacity	kW, number of units	

7. Goods to be insured	Type and grade of goods stored	Maximum quantity	Number of chambers	No-claims period (hours) ^{3,4}	Sum to be insured ⁵
The goods are					
<input type="checkbox"/> sorted					
<input type="checkbox"/> packed					
				total	

³ The "no-claims period" is the period (e.g. 12, 24, 48 hours or more) during which the goods stored cannot under any circumstances deteriorate due to a rise in temperature as a consequence of Machinery Breakdown damage indemnifiable according to the policy conditions and/or failure of power supply. The no-claims period depends fundamentally on the type and quantity of goods stored and on the specific features of the cold-storage insulation used.

⁴ In the case of CA storage, indicate envisaged storage duration in months.

⁵ Maximum indemnification per cold-storage room.

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at _____ Date _____ Signature _____

