

Agents for **ARABIA** Insurance Company s.a.l

**DETERIORATION OF STOCK IN COLD STORAGE INSURANCE PROPOSAL FORM**

Name and address of Proposer				
Proposer is	<input type="checkbox"/> owner	<input type="checkbox"/> lessor	<input type="checkbox"/> lessee	<input type="checkbox"/> 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.										
Area (m2)										
Height (m)										
Temperature (0C)										
Rel. air humidity (%)										
co2 (%) <sup>2</sup>										
O <sub>2</sub> (%) <sup>2</sup>										
Air pressure (bar) <sup>2</sup>										
Insulation	<input type="checkbox"/> cork <input type="checkbox"/> mineral wool <input type="checkbox"/> foam plastics									
	date of last check									
	date of last replacement									
Alternative storage facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No									
	If so, give names(s) and address(es) of alternative cold-storage house(s)									
	Distance                      km, percentage of goods which can be stored                      %									
	Period                              months									
Have these facilities been used in earlier instances? <input type="checkbox"/> Yes <input type="checkbox"/> No										

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3. Refrigerating plant	Does a Machinery policy exist? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, since when? <input type="checkbox"/> with which company?
	When the refrigerating plant was 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"/> NH3 <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 <input type="checkbox"/> CO2 concentration  <input type="checkbox"/> CO concentration <input type="checkbox"/> air pressure inside the rooms
	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  <input type="checkbox"/> CO2 and CO concentration <input type="checkbox"/> air pressure
	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

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6. Power supply	Is failure of power supply to be insured?				
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 <input type="checkbox"/> Yes <input type="checkbox"/> No at any time, which can produce the electrical capacity required when the cold-storage house is fully stocked?				
	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)*,**	Sum to be insured ***
The goods are stored packed					
Total					

\* 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 arise in temperature as a consequence of Machinery Breakdown damage indemnifiable according to the policy conditions and/or failure of power suppl. 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.

\*\* In the case CA storage, indicate envisaged storage duration in months.

\*\*\* 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 It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the Insured will lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at

Date

Signature

