

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 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 (m ²) | | | | | | | | | | | | | | | | | | | | |
| Height (m) | | | | | | | | | | | | | | | | | | | | |
| Temperature (°C) | | | | | | | | | | | | | | | | | | | | |
| Rel. air humidity (%) | | | | | | | | | | | | | | | | | | | | |
| CO ₂ (%)** | | | | | | | | | | | | | | | | | | | | |
| O ₂ (%)** | | | | | | | | | | | | | | | | | | | | |
| Air pressure (bar)** | | | | | | | | | | | | | | | | | | | | |

cork noitalusni citsalp maofloow larenim

date of last check

date of last replacemtn

Alternative storage facilities Yes No If so, give name(s) and address(es) of alternative cold-storage house(s).

distance Km, percentage of goods which can be stored %

d o i r e p s h t n o m

Have these facilities been used in earlier instances? Yes No

*If necessary a separated sheet.

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

| | | | |
|--|--|---|--|
| 3 Refrigerating plant | Does a Machinery Breakdown 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? % | | |
| | Refrigerate | <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 wall <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 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"/> CO ₂ 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"/> CO ₂ 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 | | |
| | Signaling 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 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 | |

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

| Specification of Refrigerating Plant | | | | | |
|--------------------------------------|-----|--|---------------------|--|---|
| Item no. | Qty | Description of items: Manufacturer, type, (cooling) capacity, speed, pressure, etc. | Year of manufacture | Remarks: Spare units or spare parts available, internal repair facilities, replacement period, etc. | Replacement value: Please state current cost of replacing the equipment by new equipment of the same kind and capacity plus freight charges, customs duties, taxes and costs of erection. |
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