**Storage Questionnaire**

(initial risk recording – basic data)

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| --- | --- | --- | --- | --- | --- | --- |
| **General Information** | Client / insured (policy holder) / assured (third party insured) |  | | | | |
| Address of Storage facility | town / ZIP-Code / street / no. / country | | | | |
| Coordinates (Decimal degree) | Lat: Lon: | | year of erection | |  |
| Operation of storage facility by third party storage keeper | ⃝ Yes ⃝ No if yes, liability of third-party storage keeper ⃝ based on …. ⃝ not applicable | | | | |
| Last inspection of the storage facility by an expert (surveyor) | at: …. ⃝ report attached ⃝ report submitted later | | | | |
| **Stored**  **goods** | Type of goods / class of goods |  | | | | |
| Value of the goods /insured value | maximum …… aggregate …… | | | | |
| **Storage site** | Warehouse type | ⃝ cold storage ⃝ dry storage ⃝ fuel depot ⃝ Silo ⃝ open space ⃝ other storage: | | | | |
| Size of storage space | …… sqm | maximum height of storage | | ….. mtr. | |
| Storage of third-party goods | ⃝ Yes ⃝ No If yes, specify:  ⃝ in the storage facility ⃝ in surrounding area | | | | |
| Storage objective | ⃝ storage only ⃝ additional activities, namely: | | | | |
| **surrounding** | Distance to neighboring building | Directly adjoining: ⃝ Yes ⃝ No If yes, type of building: If no, shortest distance: … mtr. | | | | |
| Location plan | ⃝ attached ⃝ submitted later | | | | |
| **Security and fire protection (details in initial risk-recording – further data** | Fire detection system | ⃝ Yes ⃝ No If yes, connected to fire brigade? ⃝ Yes ⃝ No | | | | |
| Sprinkler | ⃝ Yes ⃝ No If yes: ⃝ automatic ⃝ manual | | | | |
| Intrusion detection system | ⃝ ja ⃝ No If yes, connected to security service? ⃝ Yes ⃝ No | | | | |
|  | Loss events in storage facility (claims history): |  | | | | |
| Additional specification |  | | | | |

The undersigned is aware that the above-mentioned information only constitutes basic data in the context of initial risk assessment and that the insurer may request further information about the risks.

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Date Signature