**Storage Questionnaire**

(initial risk recording – further data)

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| **General Information (cont.)** | Owner of storage facility | ⃝ Insured ⃝ Other:  |
| Inventory management | Operator: ⃝ Assured ⃝ Warehouse keeper ⃝ Other:method: ⃝ computer ⃝ manual |
| Operating days and hours | ….. days per week .......... hours per day (daily from to hours) |
| **Storage(cont.)** | Inventory interval | ⃝ biannual ⃝ annual ⃝ other: |
| Seasonal variations | ⃝ Yes ⃝ No |
| Average storage time of the goods: | ….. days |
| Packaging | ⃝ cardboard boxes ⃝ wooden boxes ⃝ barrel/drums ⃝ other: |
| **Surrounding (Forts.)** | Position / location | ⃝ industrial area ⃝ commercial area ⃝ port area ⃝ Other: |
| Utilization of neighboring area | directly adjoined: ⃝ Yes ⃝ NoIf yes, type of building:If no, shortest distance: …… mtr |
| Waters | ⃝ Yes ⃝ Noif yes, which one: distance: … mtrflood/high water protection: ⃝ Yes (⃝ dike ⃝ flood walls) height: …. mtr ⃝ No |
| Other risks | ⃝ airport ⃝ mountain (landslide, avalanche)⃝ Other: |
| **Construction** |  Load bearing parts | ⃝ steel, iron ⃝ armoured concrete ⃝ wood ⃝ Other: |
| Walls | ⃝ armoured concrete ⃝ corrugated sheets ⃝ brick ⃝ Other:Flammable insulation material ⃝ Yes ⃝ No |
| Roof  | ⃝ armoured concrete ⃝ corrugated sheets ⃝ brick ⃝ tar roofing⃝ other:if tar roofing ⃝ with gravel or grit ⃝ without gravel or grit |
| Floors | Total number of floors: …. Basement ⃝ Yes ⃝ NoPosition of the storage ⃝ on…floor ⃝ from …. to.… floor |

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| **Fire protection (cont.)** | Lightning conductor | ⃝ Yes ⃝ No |
| Sprinkler | System type: ⃝ automatic ⃝ manual ⃝ wet ⃝ dry ⃝ deluge ⃝ preaction system with fire detectionType of sprinkler heads: ⃝ ceiling ⃝ shelf system |
| Fire hydrant | ⃝ Yes (⃝ indoor ⃝ outdoor) ⃝ No |
| Portable fire extinguisher | Type: ⃝ dry chemicals ⃝ other: Number of portable fire extinguishers: ….weight of fire extinguisher: …. kilos |
| Fire alarm system | ⃝ Yes ⃝ No ⃝ Type: ⃝ automatic ⃝ centralized ⃝ local) ⃝ ManualDetector type: ⃝ smoke detector ⃝ heat detector ⃝ other:Usual maintenance interval: every …. month |
| Public fire department | ⃝ professional fire department ⃝ voluntary fire departmentAlerted by: ⃝ Digital alarm transmission system ⃝ Automatic telephone dialing unitDistance between fire department and storage facility: …minutes and/or ….km |
| Factory fire brigade | ⃝ Yes (⃝ full time ⃝ part time) ⃝ No |
| Management | Smoking ban: ⃝ Yes ⃝ NoFirefighting plan: ⃝ Yes ⃝ NoOther instructions: |
| **Specific Risks** | Heat source | Separation by ⃝ separate room  ⃝ physical separation: at least …. mtr |
| Charging station | Separation by ⃝ separate room ⃝ physical separation: at least …. mtr |
| pallets/packaging | Separation by ⃝ separate room ⃝ physical separation: at least …. mtr |
| Storage of other flammable substances (e.g. gas, oil, hazardous chemical fluids etc.) | ⃝ Yes ⃝ Noname of the substance: Place of storage: Protection system: ⃝ Yes ⃝ NoIf yes, name:  |
| Hot works  | ⃝ Yes ⃝ NoIf Yes, separation by ⃝ separate room ⃝ physical separation: at least …mtr |

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| **Security protection (cont.)** | fencing | ⃝ None ⃝ fence ⃝ walls ⃝ Other:Access control by:  |
| Security service] | ⃝ Yes (checkpoints in place ⃝ Yes ⃝ No) ⃝ No System: ⃝ inhouse department ⃝ external security company Interval of inspection round: daytime: every …. hours nighttime: every … hours company holidays: every…. hours |
| Intrusion detection system | ⃝ Yes ⃝ NoAlarm to: ⃝ security service center ⃝ Police department ⃝ local employeeAlerting system: ⃝ digital alarm transmission system ⃝ automatic telephone dialing unit |

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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