Storage Questionnaire

(initial risk recording – basic data)

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.

_____   _____

Date   Signature