



Questionnaire for Storage Surveys

1 Reinsurance Information		
1.1	Insured	Name:
1.2	Surveyor	Name: Date of survey:
1.3	Address of warehouse
1.4	Name of warehouse keeper
1.5	Liability of warehouse keeper	<input type="checkbox"/> on base of <input type="checkbox"/> not given
1.6	Name of warehouse owner
1.7	Maximum value of goods stored EUR Year of construction built:
2 Structure		
2.1	Pillars	<input type="checkbox"/> Steel, iron <input type="checkbox"/> Reinf. concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other:
2.2	Walls	<input type="checkbox"/> Reinf. concrete <input type="checkbox"/> Metal plate <input type="checkbox"/> Brick <input type="checkbox"/> Other: Combustible material for insulation: <input type="checkbox"/> No <input type="checkbox"/> Yes
2.3	Roof	<input type="checkbox"/> Reinf. concrete <input type="checkbox"/> Metal plate <input type="checkbox"/> Other: <input type="checkbox"/> Asphalt roofing if Yes, with <input type="checkbox"/> Gravel <input type="checkbox"/> Split
2.4	Stories	Number of stories: Basement: <input type="checkbox"/> No <input type="checkbox"/> Yes Warehouse location: On floor From to floor
2.5	Storage area	Total storage area: m ² Area used: m ²
2.6	Service/Housekeeping	State of service: Cleanliness:
3 Storage		
3.1	Type of goods stored
3.2	Packing	<input type="checkbox"/> Cardboard boxes <input type="checkbox"/> Wooden boxes <input type="checkbox"/> Drums/casks <input type="checkbox"/> Other:
3.3	Type of storage	<input type="checkbox"/> Palletized <input type="checkbox"/> On shelves/racks <input type="checkbox"/> Stacked directly on floor <input type="checkbox"/> Outdoors <input type="checkbox"/> Other:
3.4	Height of storage	Maximum: m



3.5	Storage inventory	Method: <input type="checkbox"/> Computer <input type="checkbox"/> Manually Kept by: <input type="checkbox"/> Insured <input type="checkbox"/> W/H-keeper <input type="checkbox"/> Other:
3.6	Operation hours	Days per week: Hours per day: Daily from until
3.7	Duration of storage	Ø duration of storage: days
4 Fire Protection		
4.1	Lightning conductor	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.2	Sprinkler	Type of system: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Early detection warning system <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Spray Design of heads: <input type="checkbox"/> Ceiling design <input type="checkbox"/> In-rack design
4.3	Fire hydrants	<input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, <input type="checkbox"/> Inside <input type="checkbox"/> Outside
4.4	Portable fire extinguishers	Type: <input type="checkbox"/> Dry chemicals <input type="checkbox"/> Other Number of portable fire extinguishers: Weight of the fire extinguishers: kg
4.5	Fire walls	<input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, Max. exposure, PLM % F 90 (90 Minute-separation): <input type="checkbox"/> No <input type="checkbox"/> Yes
4.6	Fire doors	<input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, - Hours separation
4.7	Fire alarm system	<input type="checkbox"/> No <input type="checkbox"/> Yes Type: <input type="checkbox"/> Automatic (<input type="checkbox"/> central / <input type="checkbox"/> local) <input type="checkbox"/> Manual Type of detectors: <input type="checkbox"/> Smoke detector <input type="checkbox"/> Heat detector <input type="checkbox"/> Other: Distance of inspection intervals: Every months
4.8	Fire brigade	Type of fire brigade: <input type="checkbox"/> Professional fire brigade <input type="checkbox"/> Voluntary fire brigade Alarm devices: <input type="checkbox"/> Digital alarm communication system <input type="checkbox"/> Automatic telephone dialer Distance of fire brigade to warehouse: minutes, km respectively
	Company-owned fire brigade	<input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
4.9	Management	No smoking policy: <input type="checkbox"/> No <input type="checkbox"/> Yes Firefighting-manual: <input type="checkbox"/> No <input type="checkbox"/> Yes Other instructions:
5 Special Hazards		
5.1	Heating installation	Separation by: <input type="checkbox"/> Separate room <input type="checkbox"/> Distance to other (e.g. goods) minimum of: m
5.2	Charging station	Separation by: <input type="checkbox"/> Separate room <input type="checkbox"/> Distance to other (e.g. goods) minimum of: m
5.3	Pallets/Packing	Separation by: <input type="checkbox"/> Separate room <input type="checkbox"/> Distance to other (e.g. goods) minimum of: m
5.4	Storage of other flammable objects (e.g. gas, oil and dangerous chemical liquids etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, Specification of material(s): Storage location: Protection system: <input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, Name:
5.5	Combustible works	Separation by: <input type="checkbox"/> Separate room <input type="checkbox"/> Distance to other (e.g. goods) minimum of: m



6 Security	
6.1	<p>Enclosure</p> <p><input type="checkbox"/> None <input type="checkbox"/> Fence <input type="checkbox"/> Wall <input type="checkbox"/> Other:</p> <p>Access control by:</p>
6.2	<p><input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, control points <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>System: <input type="checkbox"/> Dedicated internal department <input type="checkbox"/> External security service</p> <p>Frequency of patrols: Day time every hours</p> <p style="padding-left: 250px;">Night time every hours</p> <p style="padding-left: 250px;">Holidays every hours</p>
6.3	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Alarm to: <input type="checkbox"/> Police station <input type="checkbox"/> Local employees <input type="checkbox"/> Security department</p> <p>Alarm device: <input type="checkbox"/> Digital alarm communication system <input type="checkbox"/> Automatic telephone dialer</p>
7 Surroundings	
7.1	<p>Location</p> <p><input type="checkbox"/> Industrial area <input type="checkbox"/> Warehouse area <input type="checkbox"/> Harbor area <input type="checkbox"/> Other:</p>
7.2	<p>Port, River or Canal</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, distance to warehouse: m</p> <p>Flood protection</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes if Yes, <input type="checkbox"/> Dyke Height m</p> <p style="padding-left: 250px;"><input type="checkbox"/> Flood wall Height m</p>
7.3	<p>Factories</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes if Yes distance to warehouse: m</p> <p style="padding-left: 250px;">Type:</p>
7.4	<p>Other perils</p> <p><input type="checkbox"/> Airport <input type="checkbox"/> Landslide, avalanche <input type="checkbox"/> Other:</p>
7.5	<p>Crime</p> <p>Area with significantly high crime rate: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
8 Loss	
8.1	<p>Loss experience > 50.000 EUR</p> <p>Date: Loss amount:</p> <p>Cause of loss:</p>
9 Confirmation	
<p>This risk analysis form has to be filled in completely and truthfully. Deletions and/or omissions are considered as NO-REPLY. In case of incorrect information about the risks or in case of fraudulent concealment the insurers are entitled to cancel the insurance policy or to refuse insurance cover.</p>	
<p>We herewith confirm the accuracy of the a. m. information.</p>	
<p>Date, Place</p>	<p>Signature and Stamp</p>