

## Specific Information Property Insurance

*This questionnaire may be completed by your broker. If you have insufficient space to answer any questions, please attach a separate sheet.*

*Please answer all questions as fully as possible.*

*It would assist us if you would also attach: (tick as appropriate)*

Your latest report and accounts  Any brochures describing your services  Your most recent survey reports

Name of Operator		
Address		
County/State:	Post code/Zip code:	Country:
Telephone	Fax	
Contact	E-mail	

**Please mark 'X' Covers required from the below:**

Cargo Handling Facility  Port Authority  Transport Operator  Ship Operator

**Principal Business Description:**

Are you primarily a: Landlord Facility  Operational Facility

Effective Date:

Expiry Date:

**Policy Refusal/Cancellation**

Have you ever had any insurance policy cancelled or refused? *(If Yes, please attach details)*  Yes  No

**Declaration**

I hereby confirm that the information given above and in any attached sheets is true and correct.

**Claims History**

Please complete the table below for the last five complete years and in the current year. Please attach details of any single claim (paid or pending) which represents more than 50% of the premium paid in the year the claim occurred.

Loss History over past 5 years:			
Description of loss	Date of Occurrence	Paid Claim	Amount Reserved

*(Please continue on separate sheet if necessary)*

Prior Carrier:	Policy Number:
Limits:	Deductibles:
Premium:	
Details of cover purchased from state insurance programmes ie FIMA, French Nat.Cat., UK Pool Re etc:	
Limit of Cover:	

### Insurance Requirements

	Required Yes/No	Deductible	Limit of Liability
Liability Insurance			
Equipment Insurance			

### Premises Information: (To be completed for each location)

<b>Location 1</b>			
Address:			
County/State:	Post code/Zip code:	Country:	
Occupancy:			
<b>Values</b>			
Currency:			
Building Value	Contents	Machinery	
Annual Gross Revenue/Gross Profit:			
<b>Construction of Buildings</b>			
Construction Type:	Year Built:	External Walls & Frame:	
Floors	Roof:		
Linings-Nature to Walls, Ceilings or Roof:			
Are you the sole Occupier of the buildings: Yes/No			
If tenants describe their activities			
Number of storeys?		Basement?	
<b>Details of Fire Protections</b>			
Fire Alarm:	Sprinklers:	Hose Reels:	
Extinguishers:	Smoke Alarms:	Others:	
Own Fire Brigade?(Give Details):			
Nearest Full time Fire Brigade:			
<b>Security Protections</b>			
Alarm System:	Central Station Alarm:		
CCTV continuous monitoring:	CCTV Video Recording:		
Security Staff 24 hours:	Security Staff Business Hours:		
Security Staff visit intervals:	No. Of Security Staff:		
Provide any other information with regard to fire/intruder protections the premises ie Window locks, shutters			

