



DETERIORATION OF STOCK FOLLOWING
MACHINERY BREAKDOWN PROPOSAL FORM

BROKER/AGENT INFORMATION

Broker Name: FAIS No.

Branch Name:

Consort Agency Number:

Broker Contact Person:

Tel No.: Fax No. E-mail Address :

PROPOSER INFORMATION

Proposer's Name :

Type of Business :

Postal Address : Physical Address

Postal Code : Postal Code:

Contact Person :

Tel No. : Fax No.: Cell No :

E-mail Address:

Proposer's VAT Number

Proposer's Company Registration Number :

Holding Company Details:

Financial Year End: Commencement Date of Business:

GENERAL INFORMATION

Principle Goods at Risk :
*(Please note dairy products /
ice-cream specifically excluded)*

Ownership / Responsibility of Goods

Value at Risk:

1. Maximum:
2. Average:

Seasonal Risk:

Cold-rooms / Refridgeration:

Ownership:

Number:

Capacity:

Temperature Range:

Can rooms / fridges be entered whilst still in use?

YES/NO

Is condition of goods checked whilst in storage ?

YES/NO

Turnover Period:

Contamination Risk ? (ammonia)

YES/NO

Alternative storage facilities :

Responsibility for
Condemnation:

Salvage Value:

Extensions of Cover:

Packaging of Cover:

Disposal Costs:

Failure Materials:

YES/NO

If YES: Standby Generators:

YES/NO

Machinery Details	
DESCRIPTION	NEW REPLACEMENT VALUE

Machinery Maintenance :

Scheduled; YES/NO
 Intervals Quarterly/Half Yearly/Annually
 Maintenance Manufacturer/lessor/Own staff/outside maintenance firm

Name:

Contact No.

Control:

Is plant attended 24 per day? YES/ NO
 Are units interconnected? YES/ NO
 Thermostats? YES /NO
 Methods of Cooling: Ammonia / Nitrogen / Freon 12 / Freon 22 / Other

Pipe-work:
 Inspection / X-rays? YES/ NO

Location: In Ceiling / In Walls Under / floor

Alarm System :

- Audible
- Visible
- Linked to Central Control

Response Time :

Maintenance :

Claims Experience / Details for the past 3 years				
DATE OF LOSS	PLANT		DESCRIPTION OF LOSS	GROSS DAMAGE

*Please attach a full list of occurrences

PREVIOUS INSURANCE

Are you insured or ever been insured against any of the risks now proposed ?

YES/NO

If yes, provide details:

Company:

Policy Number :

Have any company/insurer ever :

Declined any proposal ? YES/NO

Refused to renew your policy ? YES/NO

Cancelled any policy ? YES/NO

Imposed special terms ? YES/NO

If so please provide details:

DECLARATION

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.

Date:

Name of Authorised Signature :