

MACHINERY BREAKDOWN WITH BUSINESS INTERRUPTION & DETERIORATION OF STOCK QUESTIONNAIRE



FRONTLINE™
UNDERWRITING MANAGERS (PTY) LTD

Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386
Compliance Officer: Moonstone Compliance
Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited,
Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

BROKER DETAILS (Block capitals please)			
Broker Company Name			
Branch		FSP No:	
Broker Contact Person			
Tel. Number		Fax. Number	
Cell Number		Email Address	

INSURED DETAILS (Block capitals please)			
Name of Insured			
Type of Business			
Physical address:		Code:	
Postal address:		Code:	
Proposer Contact Person	"Insured Contact Person"		
Tel. Number		Fax. Number	
Cell Number		Email Address	
Company Registration No.		Vat Number	

1.	BUSINESS WORKING DETAILS								
1.1	Normal Operation								
	Shifts per day	One shift		Two Shifts		Three Shifts			
	Normal Working Hours		From		To				
	Days worked per week								
1.2	Seasonal Operation								
	Shifts per day	One shift		Two Shifts		Three Shifts			
	Normal Working Hours		From		To				
	Days worked per week								
	Specify what season(s)								
1.3	Are there any special hazards or circumstances e.g. the mode of operation (computer controlled)?					YES		NO	
	If Yes, please specify								
1.4	Is the property insured against fire, explosion etc.?					YES		NO	
	If Yes, with which company?		Company Name:						
1.5	Has the property suffered loss from fire, explosion etc. in the last 3 years?					YES		NO	
	If Yes, please elaborate		Cause						
			Extent of Damage						
			Cost						

2.	MACHINERY INSURANCE DETAILS		
2.1	Description of Machinery		
	Item 1	Premises	
		Value	R
		Excess	
	Item 2	Premises	
		Value	R
		Excess	
	Item 3	Premises	
		Value	R
		Excess	
	Item 4	Premises	
		Value	R
		Excess	
	Item 5	Premises	
		Value	R
		Excess	

(If Number of Items exceed space given, please provide us with a detailed list of Machinery)

NOTE:				
1. If the Insurance is to extend to include Foundations and Masonry then the description of Machinery must state this and its value must be included within the Sum Insured.				
2. a) the value of Refrigeration or Air-conditioning Machinery should include the cost of Refrigerant or Coolant b) Is the property currently insured against Machinery Breakdown				
	YES		NO	
If Yes, with which company?	Company Name:			

2.2	Has the Insured property suffered loss or damage by machinery breakdown in the last 3 years?	YES		NO	
	If Yes, please specify:	Item			
		Date			
		Cause			
		Cost	R		
		Item			
		Date			
		Cause			
		Cost	R		
2.3	Are any machines or installations still under manufacturer's guarantee?	YES		NO	
		Item			
		Date of Expiry			
		Item			
		Date of Expiry			
		Item			
		Date of Expiry			

2.4	Maintenance of the machinery: Comment briefly on the maintenance in force e.g. Planned, Weekly, Monthly, Annual Shutdown etc.

3.	DETERIORATION OF STOCK FOLLOWING MACHINERY BREAKDOWN			
3.1	Please supply information / schedule of machines as per attached Annexure I			
3.2	Is the electrical equipment fitted with automatic restart facility ie; Following a power failure will the machinery re-activate when power is re-established?	YES		NO
3.3	Number of cold rooms / deep freeze rooms	Cold Rooms		Deep Freeze Rooms
3.4	Are the cold rooms fitted with external temperature monitoring gauges?	YES		NO
3.5	What are the normal operating temperatures of the cold rooms / deep freeze rooms?	Cold Rooms	°C	Deep Freeze Rooms
3.6	How long could rooms hold temperature before deterioration of stock commences?		Hours	Minutes
3.7	Detail the extent of the maintenance:			
	a) Agreement in force	YES		NO
	b) What is affected? i.e. motor, electrical only or complete installation			
	Name of maintenance company			
	Telephone number		()	

4..	SECURITY			
4.1	Are there always personnel on site, i.e.: Security guards who would be aware of machine failure?	YES		NO
4.2	Is there an alarm system in place to warn of plant malfunction?	YES		NO
4.3	How often is it tested?			

5.	PRODUCTS / STOCK INFORMATION			
5.1	Type of Stock i.e. Seafood	Refer to Annexure I		
5.2	Split in value of stock type showing maximum holding at any time:			
5.3	What is the turnaround time of the stock stored?			

5.5	What alternative arrangements can be made in the event of a breakdown?				
	a) Removal to another premises	YES		NO	
	If Yes, details to where				
	b) Removal to another cold room / freezer on the premises	YES		NO	
	c) Is the product / stock of a seasonal nature i.e. fruit?	YES		NO	
	If Yes, please give details on high and low seasons				
	HIGH SEASON:				
	LOW SEASON:				

6.	GENERAL
6.1	Give details of loss / breakdown history with appropriate repair costs and stock losses.
6.2	Give general impression of risk i.e. clean, dusty, excessively hot running motors, etc.
6.3	Insured's / applicant's experience, how long has the business been in operation?

ANNEXURE 1		
Description of Machinery	Description of Stock	Sum Insured of Stock

7.	LOSS OF PROFITS FOLLOWING MACHINERY BREAKDOWN	
NOTE: Sum Insured to include:		
<ul style="list-style-type: none"> • Replacement cost price of stock • Cost of disposal • Cost of packaging 		
Name of Insured		
Type of Business		
Physical address:		

8.	BUSINESS WORKING DETAILS			
8.1	Normal Operation			
	Shifts per day	One shift	Two Shifts	Three Shifts
	Normal Working Hours	From	To	
	Days worked per week			
8.2	Seasonal Operation			
	Shifts per day	One shift	Two Shifts	Three Shifts
	Normal Working Hours	From	To	
	Days worked per week			
	Specify what season(s)			
8.3	Overtime			
	Shifts per day	One shift	Two Shifts	Three Shifts
	Working Hours	From	To	
	Planned Regularity	YES	NO	
	If Yes, please specify when			
8.4	Comments on Working Hours (e.g. Dependent on weather)			
8.5	Sum Insured			
	Gross Profit	R	Months:	
	Claims Preparation Costs	R		
	Additional Increase in Cost of Working			

9.	MACHINERY AND PRODUCTION INFORMATION	
9.1	Describe the Machinery to be insured against Loss of Profits following Machinery Breakdown	
	Item 1	
	Premises	
	Item 2	
	Premises	
	Item 3	
	Premises	
	Item 4	
	Premises	
	Item 5	

		Premises	
		Item 6	
		Premises	
		Item 7	
		Premises	
(If Number of Items Exceed Given Space , please provide a detailed list of Machinery)			

9.2	Is the property currently insured against machinery breakdown?	YES		NO	
	If Yes, with which company?	Name:			
9.3	Basis of Insurance	Additions		Difference	
9.4	Has the firm ever suffered a loss of profit from Machinery Breakdown?	YES		NO	
	If Yes, please specify:				
	Item				
	Period Cause				
	Loss of Gross Profit				
	Item				
	Period Cause				
	Loss of Gross Profit				
9.5	Description of the operating and / or manufacturing process, with indication of bottlenecks and identification of Key Items:				
	(A flow sheet of this process is to be attached and has to correspond with the description of Machinery and Installations)				
	a) How long have the present production methods been in use?				
	b) When was these production methods first introduced commercially?				
	c) Maintenance of Machinery?	YES		NO	
	d) Intervals of Maintenance?	Years	Months	Working Hours	
	e) Repairs possible in own workshop?	YES		NO	
	If No, please specify which items and where repairs can be done:				
	Item				
	Location				
	Item				
	Location				
	Item				
	Location				
	Item				
	Location				
	If repairs are only possible abroad, please specify which item and where:				
	Item				
	Location				
	Item				
	Location				

f) Are spares stored on premises?	YES		NO	
g) Are the spares available locally?				
If No, please specify for what items:				
	Item			
	Location			
	Item			
	Location			
	Item			
	Location			

10.	GENERAL COMMENTS

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 forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence.

SIGNATURE OF PROPOSER

DATE

DESIGNATION: _____

IMPORTANT NOTE:

In terms of the Policy holder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form.
Please do not sign blank / partly completed forms.
Failure to disclose material facts could result in your policy being invalidated.
If you are in doubt whether a fact is material or not, declare it.
Frontline Underwriting Managers (Pty) Ltd reserves the right to decline any proposal.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/infoereg/index.html>

Tel: 012 406 4818

Fax: 086 500 3351

Email: infoereg@justice.gov.za