

MACHINERY BREAKDOWN AND 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.
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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 °C
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 	

<ul style="list-style-type: none"> • Cost of disposal • Cost of packaging 	
Name of Insured	
Type of Business	
Physical address:	

8..	GENERAL COMMENTS

DECLARATION

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, ESPECIALLY IF NOT COMPLETED IN YOUR OWN HAND, BEFORE SIGNING THE FORM

I/We declare that the statement and particulars in this form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts. I/We agree that this form together with any other information supplied by me/us from the basis of any contract of insurance effected thereon and shall be incorporated therein. I/We undertake to inform the company of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

FOR AND ON BEHALF OF:

SIGNATURE:	NAME IN PRINT:
DESIGNATION:	DATE :

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.

PRIVACY NOTICE - PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

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.

YOUR rights

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.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on: <https://frontlineinsurance.co.za/popi/>