

Storage Questionnaire

Introduction

Policyholder's name

Policy number

Contact details of the person completing the questionnaire, in case of query:

Name

Company name

Telephone number

Completion date of questionnaire

Description of insured goods

Storage location business name

Storage location address

Post code

Policyholder's sum insured at this location

Note: If the sum insured does not represent the full value at risk, then claims may not be paid in full

Does the policyholder occupy these premises, or are they a storage business owned or operated by a third party?

- Premises occupied by policyholder
 Third party storage premises

Are goods owned by others also stored at this location?

Yes No

If yes, please give a description* of those other goods

Situation and Construction

What are the usual hours during which this location is occupied on each day of the week?

24 x 7 or complete below:

	M	T	W	T	F	S	S
From (time)							
To (time)							

Is this location occupied on public holidays? Yes No

In which year were the premises built?

How many floors are there?

What is the total floor area?

m² or ft²

What materials are used in the construction:

the external walls

Brick/block Steel clad Other – please describe:

the floors

Concrete Timber Other – please describe:

the roof

Slate/tile Steel clad Other – please describe:

Are there any composite panels? Yes No

How often is the roof and drainage checked and maintained?

Is the building in an area of previous flooding? Yes No

If yes, is there a flood emergency plan in place? Yes No

Is stock stored on racking or on pallets, or directly on the floor?

Racking Pallets Floor

Are any goods stored in basements or below ground level? Yes No

a. Is the warehouse heated? Yes No

b. If yes to part (a), is the heating system maintained? Yes No

If no to parts (a) or (b), please describe* the frost protection arrangements for any water pipes

Please describe* any industrial or manufacturing processes undertaken at this location, or state "none"

Please describe* other occupancies or businesses adjoining or located within 30m, or state "none"

*Continue on a separate sheet, if necessary

Fire Protection

Is the storage area fitted with automatic fire detection?
 Smoke Heat Air Sampling None

Is the remainder of the building fitted with automatic fire detection?
 Smoke Heat Air Sampling None

How frequently is the automatic fire detection system maintained?
 every 12 months every 6 months every 3 months

By which body is the maintenance contractor accredited?
 LPC NSI Fire BAFE SSAIB Fire
 Other (please specify):

Is the automatic fire detection system remotely monitored? Yes No

If yes, how?
 Redcare Redcare GSM Dualcom
 Other (please specify):

Storage configuration
 Block Storage Racking Both

Maximum height of storage m

Is the entire building fitted with automatic sprinklers? Yes No

If yes, Hazard Class of sprinkler system within storage area
 Light Hazard Ordinary Hazard High Hazard

How frequently is the automatic sprinkler system maintained?
 every 12 months every 6 months every 3 months

By which body is the maintenance contractor certified?
 LPC BAFE Other (please specify):

Is the sprinkler system remotely monitored? Yes No

If yes, how?
 Redcare Redcare GSM Dualcom
 Other (please specify):

Are fire extinguishers of the correct type and number installed and maintained? Yes No

How far away is the nearest fire station? miles

Are statutory Fire Risk Assessments conducted and recorded? Yes No

Ignition Sources

Date of last fixed wiring periodic inspection report

Which body was the inspection contractor certified by?
 NICEIC ECA Other (please specify):

Are there any outstanding code 1 or code 2 issues? Yes No

Date of last portable appliance testing (PAT)

How many of each type of fork lift truck do you operate?
 Diesel Electric LPG None

Is the charging of electric fork lift trucks and other handling machinery undertaken in a well-ventilated area at least one metre from adjacent combustible materials? Yes No

Is the charging of electric fork lift trucks and other handling machinery ever undertaken while the premises are unoccupied? Yes No

Is any hot work or hot process undertaken within the building? Yes No

Are portable heaters used during all or part of the year? Yes No

Combustibles

How often is waste material removed from the building?
 Daily Weekly Less frequently

Are idle pallets or other combustibles (including waste bins) stored at least 10m from the building?
 Yes No None

Is there any use or storage of hazardous materials or dangerous goods in or around the building? Yes No

How are gas cylinders stored?
 None Inside, within a designated area
 Outside Inside
 Outside, but in a secure, properly-ventilated structure

Security

Physical Protection

Does the site have manned guarding?
 Yes No

If yes, what hours are guards on site?
 24 x 7 or complete below:

	M	T	W	T	F	S	S
From (time)							
To (time)							

Does this include public holidays? Yes No

Are all doors, gates and shutters secured with British Standard rated locks or padlocks when the premises are unoccupied? Yes No

Are all opening windows secured with key-operated locks when the premises are unoccupied? Yes No

Is the yard area protected by perimeter fence and lockable gate(s)? Yes No

Is the yard area protected by CCTV?
 Inside Outside No

If yes, how is this monitored?
 Locally Remotely Remotely by monitoring station

Is the yard area fitted with any other monitored electronic intruder detection? Yes No

If yes, please describe*

Are insured goods left in loaded trailers or vehicles parked outside the building when the operation is closed? Yes No

Is there any storage in containers outside the building? Yes No

Is there any storage in the open? Yes No

Intruder Alarm

Is the building fitted with an intruder alarm? Yes No

What is the Risk Assessment grading of the system?
 1 2 3 4

How frequently is the intruder alarm system maintained?
 every 12 months every 6 months

By which body is the maintenance contractor certified?
 NSI SSAIB Other (please specify):

Does the system signal to an alarm receiving centre? Yes No

If yes, how?
 Redcare Redcare GSM Dualcom
 Other (please specify):

Does the intruder alarm system hold a valid Unique Reference Number (URN) issued by the Police? Yes No

Is Police response in place? Yes No

Miscellaneous

What types of loss or damage have been suffered at this location in the past 5 years?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Flood/water damage |
| <input type="checkbox"/> Fire/arson/attempted arson | <input type="checkbox"/> Other accidental damage |
| <input type="checkbox"/> Theft/attempted theft | <input type="checkbox"/> Malicious damage |

Please give brief details* of all losses noted above

Please tell us about* any other features that make the premises or goods more than normally susceptible to loss or damage

Please attach one photograph of the front exterior of the building, and one of the storage area

Photographs attached? Yes No

Completed by:

Name

Position

Date

*Continue on a separate sheet, if necessary