



NITOL INSURANCE COMPANY LIMITED

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Questionnaire and Proposal for Deterioration of stock in Cold Storage Insurance No.

1.	Name and Address of Proposer										
		Proposer is <input type="checkbox"/> Owner <input type="checkbox"/> Lessor <input type="checkbox"/> Lessee <input type="checkbox"/> Tenant of the Cold-Storage House									
	Name and Address of Tenant (If not yet stated)										
	Name and Address of Cold-Storage house Nearest Railway Station/Airport										
2.	Cold-Storage House	In operation <input type="checkbox"/> all the year round <input type="checkbox"/> months in the year									
	Room No.										
	Area (m ²)										
	Height (m)										
	Temperature (°C)										
	Rel. Air Humidity (%)										
	CO ₂ (%) ²										
	O ₂ (%) ²										
	Air Pressure (ber) ²										
	Insulation	<input type="checkbox"/> Cork <input type="checkbox"/> Mineral Wool <input type="checkbox"/> Foam Plastics									
		Date of Last Check									
		Date of Last Replacement									
	Alternative Storage Facilities	<input type="checkbox"/> yes <input type="checkbox"/> no if so, give name (s) and address (es) of alternative cold-storage house (s)									
		Distance km. parentage of goods which can be stored %.									
	Period Months										
	Have these facilities been used in earlier instances? <input type="checkbox"/> yes <input type="checkbox"/> no										

- 1 If necessary on a separate sheet.
- 2 To be answered only in the case of CA Storage.

03.	Refrigerating Plant	Does a Machinery Breakdown Policy exist? <input type="checkbox"/> yes <input type="checkbox"/> no
		If so since when? _____ with which company? _____
		When concealed was the refrigerating plant first put into operation?
		Please complete specification of refrigerating plant (page 4)
		Is switchover from one unite to the other possible? <input type="checkbox"/> yes <input type="checkbox"/> no
		If so, attach basic circuit diagram (Sketch)
	What refrigerating Capacity remains when cold-storage rooms are fully stored? _____ %	
	Refrigerant	<input type="checkbox"/> MH ³ <input type="checkbox"/> Freon 22 <input type="checkbox"/> Freon 12 <input type="checkbox"/> other
Pipes carrying refrigerant are <input type="checkbox"/> on the ceiling <input type="checkbox"/> on the walls <input type="checkbox"/> on the floor		
Supervision	<input type="checkbox"/> by own staff <input type="checkbox"/> by government <input type="checkbox"/> by _____	
Maintenance	<input type="checkbox"/> Irregular <input type="checkbox"/> regular at intervals of <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	
	<input type="checkbox"/> other	
	<input type="checkbox"/> Maintenance is carried out by <input type="checkbox"/> Manufacturer <input type="checkbox"/> Lessor	
	<input type="checkbox"/> own staff <input type="checkbox"/> maintenance firm	
4.	Control and alarm System	Please state total number of measuring devices for
		<input type="checkbox"/> temperature <input type="checkbox"/> rel. air humidity ² <input type="checkbox"/> CO ₂ Concentration ₂
		<input type="checkbox"/> CO concentration <input type="checkbox"/> air pressure inside the room
		Is there also an independed calibrated reference thermometer in each cold storage room? <input type="checkbox"/> yes <input type="checkbox"/> no
	Check Interval (hours)	<input type="checkbox"/> temperature <input type="checkbox"/> rel. air humidity
		<input type="checkbox"/> CO ₂ and CO concentration ₂ <input type="checkbox"/> air pressure ₂
		Are there different arrangements for Fridays and Public holidays? <input type="checkbox"/> yes <input type="checkbox"/> no
		Installed to show disturbance or failure of the plant? <input type="checkbox"/> yes <input type="checkbox"/> no
	Signaling Devices	if so, alarm is given <input type="checkbox"/> audibly <input type="checkbox"/> visibly
		it no, what is done to prevent losses?
<input type="checkbox"/> Maintenance is carried out <input type="checkbox"/> irregularly <input type="checkbox"/> regularly at intervals of <input type="checkbox"/> months by _____		
5.	CA Storage	Can the cold-storage rooms be entered and inspected while in use? <input type="checkbox"/> yes <input type="checkbox"/> no
		Is the condition of the goods checked during storage? <input type="checkbox"/> yes <input type="checkbox"/> no

²To be answered only in the case of CA Storage.

06.	Power Supply	Is failure of power supply to be Insured? <input type="checkbox"/> yes <input type="checkbox"/> no		
	Public Power Supply	<input type="checkbox"/> by ring main	<input type="checkbox"/> by single dead-end feeder	<input type="checkbox"/> by double dead-end feeder
		<input type="checkbox"/> leid	<input type="checkbox"/> underground	<input type="checkbox"/> overhead
	Own Power Supply			
	(Please give details)			
		of more than 2 hours in the last 2 years ? <input type="checkbox"/> yes <input type="checkbox"/> no		
	Interruptions	if so, number of interruptions		max. duration
	Standby	Is operational standby generating equipment available at any time, which can produce the electrical capacity required when the cold-storage house is fully stocked? <input type="checkbox"/> yes <input type="checkbox"/> no		
	it so, total capacity		kw. number of units.	

7.	Goods to be insured	Type and Grade of Goods Stored	Maximum Quantity	Number of Chambers	No. Claims Period (Hours)	Sum Insured Taka
	The Goods are					
	<input type="checkbox"/> Sorted					
	<input type="checkbox"/> Packed					
	TOTAL					

The "no-claims period" is the period (e.g. 12, 24, 48 hours or more) during which the goods stored cannot under any circumstances deteriorate due to a rise in temperature as a consequence of Machinery Breakdown damage indemnifiable according to the policy conditions end or failure of power supply. The no-claims period depends fundamentally on the type and quantity of goods stored and on the specific features of the cold-storage insulation used.

4 in the case of CA storage indicate envisaged storage duration in months.

5 Maximum indemnification per cold-storage room.

We hereby declare that the statement made by us in this Questionnaire and proposal are, to the best of our knowledge and belief, complete and true we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk (s).

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 undertaken to deal with this information in strict confidence.

Executed at.....this.....day of

Signature

