



"A Symbol of Trust, Security and Progress"

# Tausi Assurance Company Limited

Tausi Court, Tausi Road, Off Muthithi Road, Westlands. P.O Box 28889 – 00200 NRB.  
Telephone: 020-3746602/03, 2312681/85/93, Cell: 0729 145888, 0735 145020.  
Pilot line: 0709 914000 Email: clients@tausiassurance.com.  
Website: www.tausiassurance.com

## DETERIORATION OF STOCK IN COLD STORAGE INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

### PARTICULARS OF PROPOSER

#### 1. Name of the proposer

Postal address

P.O. Box:

Code:

Town:

Telephone No

Email Address

Proposer is owner /lessor /lessee or tenant of the cold storage house

Pin No

(Attach copy of the certificate)

Profession

Certificate of Incorporation No. (corporate)

(Attach copy of the certificate)

Name and address of tenant

Name and address of cold storage house

Nearest railway station / airport

Period of insurance

From:

To:

#### 2. Cold house storage in operation all the year round months in the year

Room No			
Area (m2)			
Temperature (0C)			
Relative air humidity (%)			
Carbon Dioxide (%)			
Oxygen (%)			
Air pressure (bar)			

Insulation Cork Date of last check	Mineral Wool Date of Last replacement	Foam Plastics Date of last replacement
Alternative storage house(s) facilities <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, give name(s) of address(es) of alternative Cold storage		
Description of Damaged Item	Distance in KM	Percentage of goods % Period
Have these facilities been used in earlier instances? <input type="checkbox"/> YES <input type="checkbox"/> NO		

3. Please furnish details of machinery breakdown with regard to refrigerating plant policy taken with Tausi	Policy Number	Period of cover	Sum Insured
When the refrigerating plant was first put into operation?			
Please complete specification of refrigerating plant (page)			
Is switchover from one unit to the other possible?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If YES, attach basic circuit diagram (sketch)		
What refrigerating capacity remains when cold-storage rooms are fully stored? %			
Pipes carrying refrigerant are?	<input type="checkbox"/> Refrigerant	<input type="checkbox"/> NH3	<input type="checkbox"/> Freon 22
	<input type="checkbox"/> Freon 12	<input type="checkbox"/> Other	
Supervision?	<input type="checkbox"/> On the ceil	<input type="checkbox"/> On the walls	<input type="checkbox"/> On the floor
	<input type="checkbox"/> By own staff	<input type="checkbox"/> By gov't	<input type="checkbox"/> Others
Maintenance?	<input type="checkbox"/> Irregular	<input type="checkbox"/> Regular at intervals of 3 months	
	<input type="checkbox"/> 6 months	<input type="checkbox"/> Other	
Maintenance is carried out by?	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Lesser own	
	<input type="checkbox"/> 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"/> relative air humidity
	<input type="checkbox"/> carbon dioxide concentration
	<input type="checkbox"/> carbon monoxide concentration
	<input type="checkbox"/> air pressure inside the rooms
Is there also an independent calibrated reference thermometer in each cold-storage room?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Check intervals (hours)	
Are there different arrangements for weekends or holidays?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signaling devices installed to show disturbance or failure of the plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, alarm is given	
<input type="checkbox"/> Audibly <input type="checkbox"/> Visibly	
If No, what is done to prevent losses?	
Maintenance is carried out	<input type="checkbox"/> Irregularly <input type="checkbox"/> Regularly at intervals of _____ months
By Who?	

5. Controlled atmosphere 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
Envisaged storage duration in months	

6. 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"/> Laid
	<input type="checkbox"/> Underground <input type="checkbox"/> Overhead

Own power supply ( please give detail)

Goods to be insured	Type and grade of goods stored	Maximum quantity	Number of chambers	No-claims period (hours)	Sum to be insured
The goods are					
<input type="checkbox"/> sorted					
<input type="checkbox"/> packed					
					<b>Total</b>

N/B: - 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 damage indemnifiable according to the conditions of a Machinery Breakdown policy and/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

\*Estimated maximum selling price for the goods

7. Claims history for the past (3) three years

Year	Contribution paid	Claims incurred	Number of claims

**SPECIFICATION OF REFRIGERATING PLANT****NOTES;**

1. Please give full description of all items in column No. 2 including name of manufacturer, type, cooling capacity, speed, pressure etc.
2. In column No. 3 please give details of spare units or spare parts available, internal repair facilities, replacement period etc.
3. In column No. 5 please state the current cost of replacing the equipment by new equipment of the same kind and capacity plus freight charges, custom duties, costs of erection.

**Declaration**

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, 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 policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

**The liability of the company does not commence until the proposal has been accepted and the first premium paid.**

Executed at this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

**AGENT/BROKER NAME / STAMP**

**SIGNATURE**

**DATE**