

## COMMERCIAL FACTFINDER : SELF STORAGE RISKS

**Only complete those sections for which a quotation is required and in all cases the declaration at the end. Where this form has been completed by someone else you should ensure the statements made are accurate to the best of your knowledge and belief.**

### Proposer's details

Proposer's name	
Proposer's address	
Postcode/Zip	
Country	
Full Business description	<p><u>PLEASE AMEND AS REQUIRED</u></p> <p>Self Storage Operator, Warehouse Keeper, Fork Lift Truck Operator, Insurance Agent, Storage &amp; Packing Materials Supplier, Landlord, Tenant, Lessor of Car Parking Space, Lessor of Office Space, Property Owner</p>
Any Subsidiary Companies	Yes/No? If Yes please provide the full name(s) and address(es)
Employer Reference Number(s) (PAYE reference Code(s)) for ALL Companies	
Directors' or Partners names (all)	
Telephone Number	
Fax Number	
E-mail contact	

**Please complete the following Questions for all covers – Where further details are required please complete the Supplementary Information section at end of this form**

<b><u>Risk Management</u></b>	
Do you have a Health & Safety policy in place and have you carried out all appropriate Health and Safety risk assessments?	Yes/No if no give details
Do you have a written employee training programme and maintain records?	Yes/No if no give details
Is a copy of the Health and Safety policy given to all staff?	Yes/No if no give details
Is there an Accident Book and is it regularly checked? Have there been any major incidents?	Yes/No if no give details Yes/No if yes give details
Who is responsible for H&S (include any H&S Consultants)?	
Are all Fork Lift Truck drivers certificated?	Yes/No if no give details
Is machinery inspected to statutory requirements?	Yes/No if no give details

<b>Risk Profile</b>	
<b><u>If there is more than one location, please re-print this page &amp; complete one for each location</u></b>	
Are the premises of Standard Construction? i.e. Metal profile steel framed or similar, Brick, stone or concrete walled with a slate, concrete or tiled roof. If No please give a detailed explanation of walls, roof and floor construction, <u>particularly any wooden floors</u>	Yes/No
Do the <b>Buildings</b> have any flat roofed extensions? If 'Yes' what proportion of the overall roof area do they make up?	Yes/No %
Does the construction of the building incorporate the following materials? Polystyrene (EPS) Polyurethane (PUR) Polyisocyanurate (PIR) * Definitions appended. (Especially found in metal panels in walls partitions and roofs.) – If so, please confirm which	Yes/No
LPCB approved composite panelling present (PUR/PIR only)?	Yes/No
State the approximate year the main premises were built and the number of floors:	
Is the risk address to be insured occupied solely by you?	Yes/No if no give details
Is there any form of portable heating ?	Yes/No if yes give details
<b>SECURITY/FIRE PROTECTION</b>	
Is there an intruder alarm installed by a UKAS accredited installer (e.g. NACOSS / SSAIB) with remote signalling and police 1 response?	Yes/No if no give details
Is there a Fire Alarm?	Yes/No
Is the fire alarm bells only or Remote Signalling?	.....
Is there 24-hour security or 24-hour occupancy?	.....
Is there 24h CCTV recording?	Yes/No
Are the premises sprinklered?	Yes/No
Are there any other security/protection measures in place?	.....
Is Waste stored in a secured metal container and removed from the premises daily and collected weekly?	Yes/No if no give details
Does the risk address have accommodation or storage space below street/ground level ?	Yes/No
Does the risk address have a current IEE (electrical) certificate and is PAT testing up to date?	Yes/No if no give details
Are the Fire Extinguishing Appliance Maintained under an annual contract	Yes/No if no give details

**Self Storage Customers' Goods Insurance**

Renewal Date		Last Years Premium	
Current Insurer			
Regulated/Deregulated/Other (Please advise)			

Is Terrorism Cover required for customer goods?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Claims Experience (Loss or Damage to customers' goods) or attach existing company experience**

Year	No	Claims Paid	No	Claims O/S

**Please provide details of claims with paid or o/s amounts over £5,000**

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<b>TRADING CONDITIONS</b>	
What Conditions do you operate under (e.g. SSA 2004)	
If you are using your own T & Cs attach copy	Yes/No

<b><u>Location 1</u></b>				
Address	Total Insured Value In Store	Total Uninsured Value In Store	Enclosed Buildings	Shipping Containers
	£	£	<input type="checkbox"/>	<input type="checkbox"/>
	Current insurance premium rate %	Current insurance premium rate %		
<b><u>Location 2</u></b>				
Address	Insured Current Values In Store	Uninsured Current Values In Store	Yes	No
	£	£	<input type="checkbox"/>	<input type="checkbox"/>
	Current insurance premium rate %	Current insurance premium rate %		
<b><u>Location 3</u></b>				
Address	Insured Current Values In Store	Uninsured Current Values In Store	Yes	No
	£	£	<input type="checkbox"/>	<input type="checkbox"/>
	Current insurance premium rate %	Current insurance premium rate %		

**Property/Business Interruption/Money**

Renewal Date		Last Years Premium	
Current Insurer			

<b><u>RISK DETAILS AND COVER</u></b>	
<b><u>Property</u></b>	<b><u>Sum Insured</u></b>
Buildings	£
Tenants fixed Improvements	£
Stock (supplied &/or sold to customers)	£
Forklift Trucks	£
Non-portable computers and ancillary electronic equipment	£
All other General Contents (Office Furniture, Packing Materials etc.)	£
Any other property (please specify in the space provided below)	
Rent payable and indemnity period	£ / Months

**Business Interruption**

Annual Gross Revenue & Indemnity Period	£ / Months
Approximate percentage of revenue applicable to storage only	%
Additional Expenses & Indemnity Period Required	£ / Months
Tenant Rent Receivable	£ Yes/No / Months

**All Risks – Specified Items**

Specified Items	UK	
Specified Items	Europe	
Specified Items	World Wide	

**Money**

Limit

Standard Limit on premises at risk address during business hours/bank night safe/in transit is £5000 is a higher limit required? If so please state	£
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<b><u>Commercial Legal Expenses</u></b>	Yes
The standard policy limit is £50,000	No
I require a higher limit	Yes / No
Limit required	£

**Property/Business Interruption/Money/All Risks CLAIMS EXPERIENCE – LAST FIVE YEARS**

Year	No	Claims Paid	No	Claims O/S	Comments

**Please provide details of claims with paid or o/s amounts over £5,000**

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**Employers'/Public Liability**

Renewal Date		Last Years Premium	
Current Insurer			

**(Cover is provided on the basis that your staff operate in UK and EEC countries only)**

<b><u>Employer's Liability</u></b>	
Annual payroll and salaries for:	<u>Amount</u>
Clerical staff including Directors	£
Manual Staff (Warehouse)	£
Drivers	£
Porters	£
Labour-Only Subcontractors (please describe duties) .....	£

<b><u>Public and Products Liability</u></b>		<u>Sum Insured</u>
Standard limit of Indemnity is £2,000,000 if another limit required please state		£
State business turnover	Storage	£
	Removals	£
Please confirm what proportion relates to USA/Canada		%
Do you use bona-fide subcontractors?		YES/NO

**Employers/Public Liability CLAIMS EXPERIENCE - LAST FIVE YEARS**

Detail claims in last five years	£	Date

