



Deterioration of Stock in Cold Storage Insurance Application Form

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السعودي المركزي البنك قبل من والرقابة للإشراف تخضع ، التأمين نشاط في تعمل مساهمة سعودية شركة

A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

مليون 300 المال رأس 7001727200 م.م. 20129/33 / ن ت م رقم السعودي المركزي البنك تصريح SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

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21 الدور ، الثاني العنود برج العليا فهد الملك طريق 9033 : العامة الإدارة : الوطني العنوان / السعودية العربية المملكة 12214 الرياض

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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 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 (bar) 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) ¹ .												
	Distance Km, percentage of goods which can be stored %												
	Period months												
	Have these facilities been used in earlier instances? <input type="checkbox"/> Yes <input type="checkbox"/> No												

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3.	Refrigerating plant	Does a Machinery policy exist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If so, since when?	With which company?	
		When was the refrigerating plant first put into operation?		
		Please complete specification of refrigerating plant (page 4).		
		Is switchover from one unit 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"/> NH 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
		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 ₂ and CO conetration ²	<input type="checkbox"/> Air pressure inside the rooms ²	
		Is there also an independent calibrated reference thermometer in each cold-storage room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Check intervals (hours)	<input type="checkbox"/> temperature	<input type="checkbox"/> rel. air humidity ²	
		<input type="checkbox"/> CO ₂ and CO concentration ²	<input type="checkbox"/> air pressure ²	
		Are there different arrangements for weekends and public holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Signaling devices	Installed to show disturbances or failure of the plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If so, alarm is given	<input type="checkbox"/> Audibly	<input type="checkbox"/> visibly
		If not, what is done to prevent losses?		
		Maintenance is carried out <input type="checkbox"/> irregularly <input type="checkbox"/> Regularly at intervals of Months by		

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¹ If necessary on a separate sheet

² to be answered only in the case of controlled atmosphere (CA) storage

5.	Controlled atmosphere (CA) storage	Can the cold-storage rooms be entered and inspected while in use? Is the condition of the goods checked during storage?	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Laid:	<input type="checkbox"/> By single dead-end feeder	<input type="checkbox"/> By double dead-end- feeder	<input type="checkbox"/>	overhead		
	Own power supply	<input type="checkbox"/> Underground	<input type="checkbox"/>					
	(please give details)							
	Interruptions	Of more than 2 hours in the last 2 years	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
		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		
		If so, total capacity				kW, number of units		
loss history for the last five years:								
Complete Insured Address Principal Address Wasel Address Landline/Mobile/Fax Email address Commercial registration no.								
7.	Goods to be insured	Type and grade of goods stored	Maximum Quantity	Number of Chambers	No-claims period (hours) ^{3,4}	Sum to be Insured SR		
	The goods are							

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<input type="checkbox"/> Sorted <input type="checkbox"/> packed					
	Total SR				

8. Have you sustained any loss previously? (If the answer was yeas kindly mention details and dates) Yes ☐ No ☐

³ 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 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.

⁴ In the case of controlled atmosphere (CA) storage indicate envisaged storage duration in months.

⁵ Maximum indemnification per cold storage room

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Specification of Refrigerating Plant to be insured

Item No.	Qty.	Description of items: Manufacturer, type, (cooling) capacity	Year of Manufacture	Remarks: Spare units or spare parts available, internal repair facilities, replacement period, etc.	Replacement Value Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, costs of erection.

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هاتف 11421 الرياض 643 ب.ص: الرياض / العامة الإدارة

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Total Sum Insured					

What is the required period of insurance? (Maximum 12 months), From:

To:

Were you denied insurance by any insurance company in the past or was your policy cancelled by any insurance company or denied renewal?

Are there any material facts you want to declare?

Material Facts

Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.

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We hereby declare that the statements made by us in this Application form are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Application forms the basis and is part of any Policy issued in connection with the above risk(s). It is agreed that the Insurer is liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurer undertakes to deal with this information in strict confidence.

Executed at:

Date

Signature

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