

Name of insured/applicant: _____

Policy/reference number: _____ Broker name/location : _____

1. Location address: (if more than one location with refrigeration equipment, attach separate questionnaire for each):

2. What are days/hours of operation? _____ days _____ hours ☐ check here if 24/7 operations

3. Total number of refrigerated units at this location: _____

4. Please provide the information below for each refrigerated unit (attach separate sheet if necessary):

Unit 1	Unit 2	Unit 3
Age: _____ HP: _____	Age: _____ HP: _____	Age: _____ HP: _____
Type of stock: _____	Type of stock: _____	Type of stock: _____
<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other (please specify): _____
Average value: _____	Average value: _____	Average value: _____
Maximum value: _____	Maximum value: _____	Maximum value: _____

5. Refrigeration system:

☐ Freon; **or** ☐ Ammonia; **or** ☐ Other (please describe): _____

If ammonia, are there ammonia detection sensors? ☐ Yes ☐ No

6. What is the estimated period of time required for complete replacement of refrigeration units? _____

7. What is the estimated period of time before perishable goods will spoil? _____

8. What alternatives are in place for temporary storage of perishable goods in the event of a loss of refrigeration?

9. (a) Are all refrigeration units equipped with temperature alarms? ☐ Yes ☐ No

(b) If 'YES', please describe alarm monitoring services:

10. Are backup generators in place in case of a power interruption? ☐ Yes ☐ No

11. Is there a preventative maintenance program in place covering all refrigeration units? ☐ Yes ☐ No

(a) If 'YES', please provide details:

(b) Is around the clock emergency service available? ☐ Yes ☐ No

12. Describe below any spoilage losses in the past five (5) years (whether insured or not). Use separate sheet if required.

Date of loss	Location/Description	Amount

Completed by: _____ Position: _____ Date completed: _____