Pistagnesi

Questionnaire
Spoilage - Equipment breakdown

Policy N° / Quotation N°

Insured Name

Location address

Description activities

Number of days/week open for business

Hours of operation

Description of perishable products

What product do you want to insure?

◯ Frozen ◯ Refrigerated ◯ Perishable (other than frozen or chilled)

Maximum value of frozen products

Maximum value of refrigerated products

Maximum value of other perishable products

How long without refrigeration before products are damaged?

Number of cold rooms

Number of freezers

Does each cold room or freezer have its own refrigeration system?

Is the equipment over 10 years old

Is there a temperature variation detection system?

Does this system protect each cold room or freezer in the event of a breakdown or temperature variation?

Is this system connected to a monitoring station?

Emergency measures plan?

Claims older than five (5) years. Specify.

Signature

Date