LOCKTON COMPANIES INTERNATIONAL — MARINE STORAGE QUESTIONNAIRE

Account Name:

Underwriter:

Please provide full details for the following:-

1 **Address of main storage location used including postcode:**

Postcode

2 **Maximum and average value of stock (at current market value) held at this location:**

Currency

Max

Average

Is the value of stock subject to large seasonal fluctuations? YES / NO

3 **Full description of the goods to be covered:**

4 **Is the building a Public Warehouse?** YES / NO

5 **Is the building occupied only by yourselves?** YES / NO

If NO: i) what other activities are carried out in the building?

ii) what other goods are stored in the building?

6 **How old is the building?** YEARS

7 **Please describe:**

i) the approximate size of the building in square metres:
ii) the materials used in the construction:

8 **What fire precautions and equipment are present in the building?**
Please provide details of fire alarm, detection, remote signalling, number of extinguishers and any sprinkler system

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9 How far is the nearest Fire Station? MILES
Does it operate full or part time FULL / PART

10 Is the building located in an area susceptible to flooding? YES / NO

11 Please supply a simple sketch plan of the building and the surrounding area (on a separate sheet of paper): SKETCH INCLUDED

12 Is stock stored in other locations? YES / NO

If YES, please advise the address and maximum value of goods held

Address(es) including postcode

Maximum Value

13 Usual operating hours of the warehouse:

i) Is it staffed during those hours YES / NO

14 What security protection and anti-theft devices are fitted to the building?

i) Manned Guarding: YES / NO

ii) Door and Window Protection: YES / NO

iii) Intruder Alarm: YES / NO

- Alarm Signalling:

☐ Audible	YES / NO
☐ Digital Communicator	YES / NO
☐ Dual Com / Packnet	YES / NO
☐ Standard RedCare	YES / NO
☐ RedCare Total	YES / NO
☐ RedCare GSM	YES / NO
☐ Other (please specify)	YES / NO

- Level of Police Response: None | Level 1 | Level 2 | Level 3

15 Please provide details of all losses and claims made for goods in storage during the last five years:

16 Contact Name/Telephone number for Survey:

Signed:	Date:
Position/Title:	For and on behalf of: