



# MAYFAIR INSURANCE COMPANY TANZANIA LIMITED

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## DETERIORATION OF STOCK IN COLD STORAGE INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker \_\_\_\_\_

### PARTICULARS OF THE PROPOSER

Name of the proposer (in full) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Proposer is:  Owner  Lessor  Lessee  Tenant of the cold storage house

Name of the tenant (if not stated already) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Name of the cold-storage house \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Profession or Occupation (Nature of business) \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

PIN Number (Attach copy of certificate) \_\_\_\_\_

### PARTICULARS OF THE COLD STORAGE HOUSE

1. How long will the cold storage house be in operation?  All year round  \_\_\_ Months in a year

Room No																				
Area (m <sup>2</sup> )																				
Height (m)																				
Temperature (°C)																				
Rel. air humidity (%)																				
CO <sub>2</sub> (%) <sup>1</sup>																				
O <sub>2</sub> (%) <sup>1</sup>																				
Air pressure (bar) <sup>1</sup>																				

2. Insulation:  Cork  Mineral Wool  Foam Plastics

Date of last check \_\_\_\_\_

Date of last replacement \_\_\_\_\_

<sup>1</sup>To be answered only in the case of CA storage

3. Alternative storage facilities:

YES

NO

If YES, give name(s) and address(es) of alternative cold-storage house(s)<sup>2</sup> \_\_\_\_\_

Distance \_\_\_\_\_ km; percentage of goods that can be stored \_\_\_\_\_ %; period \_\_\_\_\_ months

Have these facilities been used in earlier instances?  NO

## PARTICULARS OF REFRIGERATING PLANT

1. Does a machinery policy exist?  NO

If YES, since when \_\_\_\_\_ ; with which company \_\_\_\_\_

2. When was the refrigerating plant first put into operation? \_\_\_\_\_

Complete specification of refrigerating plant (page 4)

3. Is switch over from one unit to the other possible?  YES  NO

(If YES, attach a basic circuit diagram sketch)

4. What refrigerating capacity remains when cold storage rooms are fully stored? \_\_\_\_\_ %

5. Refrigerant:  NH<sub>3</sub>  Freon 22  Freon 12  Other

If Other, specify \_\_\_\_\_

6. Pipes carrying the refrigerant are on the:  ceiling  walls  floor

7. Supervision carried out by:  own staff  government  other

If Other, specify \_\_\_\_\_

8. Maintenance carried out:  Irregularly  Regularly at intervals of \_\_\_\_\_ months

9. Maintenance is carried out by:  Lessor  Manufacturer  Own staff  Maintenance firm

## CONTROL AND ALARM SYSTEM

1. State the total number of measuring devices for:

Temperature \_\_\_\_\_ CO<sub>2</sub> concentration<sup>1</sup> \_\_\_\_\_

Rel. air humidity<sup>1</sup> \_\_\_\_\_ CO concentration<sup>1</sup> \_\_\_\_\_

Air pressure inside rooms<sup>1</sup> \_\_\_\_\_

Is there also an independent calibrated reference thermometer in each cold storage room?  YES  NO

2. Check intervals (hours): Temperature \_\_\_\_\_ Rel. air humidity \_\_\_\_\_  
CO<sub>2</sub> and CO concentration \_\_\_\_\_ Air pressure \_\_\_\_\_

3.

4. Are there different arrangements for Sundays and public holidays?  YES  NO

5. Are signalling devices installed to show disturbance or failure of the plant?  YES  NO

If YES, alarm is given  audibly  visibly

Maintenance carried out:  Irregularly  Regularly at intervals of \_\_\_\_\_ months by \_\_\_\_\_

<sup>1</sup> To be answered only in the case of CA storage; <sup>2</sup> If necessary on a separate sheet

6. **CA Storage:** Can the cold storage rooms be entered and inspected while in use?  YES  NO

Is the condition of the goods checked during storage?  YES  NO

## POWER SUPPLY

1. Is failure of power supply to be insured?  YES  NO
2. Public power supply:  by ring main  by single dead-end feeder  by single dead-end feeder  
Laid:  overhead  underground
3. Give details of *own power supply* if any \_\_\_\_\_
4. \_\_\_\_\_
5. Have there been supply interruptions of more than 2 hours in the last 2 years?  YES  NO  
If YES, state the: Number of interruptions \_\_\_\_\_  
Max duration \_\_\_\_\_
6. Is operational standby generating equipment available at any time, which can produce the electrical capacity required when the cold storage house is fully stocked?  YES  NO  
If YES, state the total capacity \_\_\_\_\_ kW; number of units \_\_\_\_\_

## SCHEDULE OF GOODS TO BE INSURED

The goods are:  sorted  packed

Type and grade of goods stored	Maximum quantity	Number of chambers	No-claims period (hours) <sup>3,4</sup>	Sum to be insured <sup>5</sup>
<b>TOTAL</b>				

<sup>3</sup> The 'No-claim 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 indemnifiable according to the policy conditions and/or failure of power supply. The No-claims period depends fundamentally on the type on the type and quantity of goods stored and on the specific features of the cold storage insulation used

<sup>4</sup> In the case of CA storage, indicate envisaged storage duration in months

<sup>5</sup> Maximum indemnification per cold storage room

## DECLARATION

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

Date of proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

**FOR OFFICIAL USE ONLY:** Authorise Person(s) signature \_\_\_\_\_ Date \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

**Specification of Refrigerating Plant to be insured**

Item No.	Quantity	Description of items Please give full and exact description of manufacturer, type (cooling), speed, pressure, etc.	Year of manufacture	Remarks Give particulars of any spare units or spare parts available, internal repair facilities, replacement period, etc.	Replacement value Please state current cost of replacing the equipment by new equipment of the same kind and capacity plus freight charges, customs duties, taxes and costs of erection
<b>TOTAL</b>					