

StoreGuard Enquiry Form

Section 1: General Information

Where did you hear about our StoreGuard scheme?

Full trading title of Company (indicate if Ltd):

Full Address:

Postcode:

Full Description of Your Business:

Estimated turnover for the forthcoming 12 months:

£

Domestic Storage

% of turnover

Caravan/Vehicle Storage

% of turnover

Archive Storage

% of turnover

Commercial Storage (used goods eg surplus office furniture)

% of turnover

Commercial Storage (new goods intended for sale)

% of turnover

Telephone Number

Fax Number

E-mail address

Renewal Date

Are you a New Venture?

YES NO

If Yes, What experience do you have in the Self Storage industry?

If No, how long have you been trading

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Current insurers

For how many years have you had an insurance policy in force covering Goods in Storage?"

Current premium

£

Are you a member of the Self Storage Association?

YES NO

IF YES PLEASE ATTACH A COPY OF YOUR TERMS OF TRADE

What conditions do you trade under?

SSA FSA Authorised July 2004

SSA Insured Contractor July 2004

If you do not use any of the above trade association terms and conditions, we will issue you with a compliant set free of charge which you must use to protect your legal position. Our quotation will include an Agreed Trading Terms & Conditions Warranty which you should refer to.

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Section 2: Fire & Specified Perils Cover

Goods in Storage

Current All Risks Excess

£

Number of storage locations

Do any of the storage premises have composite Polystyrene or Polyurethane panelling within the walls?

YES NO

Please provide all details you have including the manufacturer, if the panels are external or internal, the core material used and if they have an LPC/LPCB rating.

Full Details of Storage Location(s):

Location 1

Address of premises

Postcode

Method of Construction

Year premises built

Please confirm type of Roof

Pitched Multi pitch with valley gutters Flat Other - specify

How long have you operated from this premises?

When was the electrical wiring last tested?

What are your business opening hours?

Do customers have access to their units outside of these hours?

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On what levels are goods stored Basement Ground First Second or above

Are goods placed directly on the floor or raised on pallets or similar. If raised, by how many inches above the floor?

Method of heating at the premises

If you have pest control in force who does this and how often?

Please provide full details of the perimeter security, door and window locks, intruder alarm including method of signalling, internal/external CCTV system method of recording or monitoring (a discount of premium may be available for these).

Do your premises have CCTV internally? YES NO

Do your premises have CCTV externally? YES NO

Please provide full details of all fire protections in place, i.e. extinguishers, fire alarm including method of signalling and if it incorporates smoke or heat detectors, sprinkler system.

Distance from nearest water hydrant?

What is the construction of the storage units? (i.e. Steel / Wood):

Is there any storage in the open? YES NO

If yes, please give full details regarding type of storage and security measures in place:

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Are you the sole occupant of the entire building?

YES NO

If No, please give details of other occupants:

Do you or your customers undertake anything other than storage in your area of the premises?

YES NO

If Yes please provide details of all other activities

Has the premises ever suffered from a claim or incident involving flood or any water ingress, fire or theft?

YES NO

If Yes, give full details:

Do you have any of the following inside your storage area?

Manhole or Drain Covers Downpipes
 Drains servicing downpipes None of these

Has a survey of this location been undertaken by an insurer within the last three years and if so could you obtain a copy of the report?

Customers Goods Sum Insured

INSURED:

£

UNINSURED:

£

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Claims

Any Claims occurring or pending in last 3 years? Please indicate if any claims are for loss or damage to goods in store as a result of flood, theft, fire or vermin damage. (please tick as appropriate)

YES NO N/A – new venture

If Yes, please give full details below:

Year	No. of Claims	Paid	Outstanding	Total
Current				
Minus 1				
Minus 2				
Totals				

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Section 3: Employers, Public and Products Liability

Do you have a formal written Health & Safety Policy? YES NO

If no, why?

Do you have a formal safety training plan for employees? YES NO

Do you have a formal documented accident investigation plan? YES NO

Employers Liability Limit of Indemnity £10,000,000

Public/Products Liability Limit of Indemnity (please tick) £1m £2m £5m

Details of wage roll	No. of full-time Staff	No. of part-time Staff	Wage roll estimate for next 12 months
Clerical Employees			£
Warehousemen			£
Directors (if a Ltd company)			£
Own drawings of Proposer (if not a Ltd company)			£

Turnover estimate for forthcoming year UK £

Europe £

USA/Canada £

Rest of the World £

Any Claims occurring or pending in last 3 years? YES NO N/A – new venture
(please tick as appropriate)

If Yes, please give full details:

Year	No. of Claims	Paid	Outstanding	Total
Current				
Minus 1				
Minus 2				
Totals				

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Section 4: Commercial Combined

Address(es) of premises

Postcodes(s)

Method of heating at the premises:

Buildings sum insured

£

Contents* sum insured

£

Stock** sum insured

£

Other (please specify)

£

Gross Revenue sum insured

£

Additional Expenses (Increased Cost of Working) sum insured

£

Indemnity Period required (please specify 12/18/24/36):

months

* including machinery, plant and tenants improvements

** packing materials

Has the premises ever been the subject of an incident or claim involving flood or subsidence?

YES NO

If yes, please give details:

Any Claims occurring or pending in last 3 years?
(please delete as appropriate)

YES NO N/A – new venture

If Yes, please give full details:

Year	No. of Claims	Paid	Outstanding	Total
Current				
Minus 1				
Minus 2				
Totals				

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Section 5: DECLARATION

I/We declare that:

I/We have not been prosecuted under any Health & Safety or Environmental Legislation within the last 5 years.

No insurer has ever cancelled, refused to renew or imposed special terms in respect of the covers now proposed.

That I or any Director or Partner has not been convicted of or charged but not yet tried with a criminal offence other than a motoring offence.

I/We confirm that our premises are in an area free from subsidence and/or flooding, and the premises and contents are in a good state of repair and are secure and will be so maintained.

Details of Amendments to this Declaration

I/We confirm that this form has been completed accurately by the company and that all material information has been given. I/We also declare that this StoreGuard Enquiry Form completed by me/us/or on our behalf and details of confirmed claims experience where necessary shall form the basis of the contract between me/us, Pound Gates & Company Limited and the Insurers.

Signed by:

Print Name & Position:

Date: