

MAYFAIR INSURANCE COMPANY RWANDA 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 ²)																				
Height (m)																				
Temperature (°C)																				
Rel. air humidity (%)																				
CO ₂ (%) ¹																				
O ₂ (%) ¹																				
Air pressure (bar) ¹																				

2. Insulation: Cork Mineral Wool Foam Plastics

Date of last check _____

Date of last replacement _____

¹To 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)² _____

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

- Have these facilities been used in earlier instances? YES NO

PARTICULARS OF REFRIGERATING PLANT

1. Does a machinery policy exist? YES NO
If YES, since when _____ ; with which company _____

2. When was the refrigerating plant first put into operation? _____
Complete specification of refrigerating plant (page4)

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: NH₃ 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 _____ CO₂ concentration¹ _____
Rel. air humidity¹ _____ CO concentration¹ _____
Air pressure inside rooms¹ _____

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

2. Check intervals (hours): Temperature _____ Rel. air humidity _____
CO₂ 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

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: Branch Manager/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

	Item No.		
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