**QUESTIONNAIRE FOR INSURANCE  
OF INTERRUPTION OF OPERATION**

**1. General information about a party seeking insurance**

|  |  |
| --- | --- |
| **Business name (name)** |  |
| **Company ID Number** |  |

**2. Place of insurance**

|  |  |
| --- | --- |
| **Address of the operation** |  |

**3. Required scope of insurance (insurance risks)**

**Tick the required**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **natural hazards** | impact or crash of a flying body with a crew; impact or crash of an unmanned flying body; fire; direct lightning stroke; explosion; | | | | |
|  | **additional natural hazards** | sonic boom; smoke; hail; avalanche; impact of a motor vehicle driven by a person other than the insured; fall of trees, poles and other objects; strong wind; heavy snow or icing; volcanic eruption; landslide, rock or soil collapse; | | | | |
|  | **earthquake** | |  | **flood, deluge** |  | **water supply damages** |
|  | **misappropriation** | |  | **technical risks** |  |  |

**4. Operating information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What activity is carried out in the operation?** |  | | | | | | | |
| **Briefly describe processes carried out in the operation** |  | | | | | | | |
| **Work hours** | from | | | | to | | | during days |
| from | | | | to | | | during days |
| **Is the work carried out on shifts?** |  | yes |  | no | | (if so, please provide the number of shifts) | | |
|  | | | | | | | |
| **Are there seasonal fluctuations in production or sale?** |  | yes |  | no | | (if so, please provide details below) | | |
|  | | | | | | | |
| **Does the company have a recovery plan/operation continuity procedure in the case of interruption or restriction due to a damage?** |  | yes |  | no | | (if so, please provide a brief description) | | |
|  | | | | | | | |
| **Estimate the maximum period of operation interruption** |  | | | | | | | |
| **State in how many operations you carry out your activity, if in 2 and more, state the share of activities per individual operations** |  | | | | | | | |
| **Is there a possibility to provide for an alternative operation?** |  | yes |  | no | | | (if so, please provide a brief description and a possible scope of the alternative) | |
|  | | | | | | | |
| **State, the amount of costs you expect to be incurred due to operation interruption (e.g. transportation costs, alternative premises)** |  | | | | | | | |

**5. Suppliers and customers**

Indicate only if you want to insure **Loss of gross profit**

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| --- | --- | --- |
| **Raw material/product/service** | **Name of supplier** | **Delivery Period** |
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| --- | --- | --- |
| **Raw material/product/service** | **Name of customer** | **Share in total turnover [%]** |
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**6. Lessees**

Indicate only if you want to insure **Loss of rent**

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| --- | --- | --- |
| **Name of lessee** | **State what activity the lessee carries out at the place of insurance** | **The share of rent in total rent [%]** |
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**7. Technology in operation**

**List equipment, their systems and lines, the damage (destruction) of which would have an impact higher than 10% on the amount of the profit achieved**

|  |  |  |
| --- | --- | --- |
| **Name and type of equipment** | **Estimate the period needed to regain new equipment in case of a total damage** | **The share of equipment in the profit generated [%]** |
|  |  |  |
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**8. Other**

|  |  |
| --- | --- |
| **Are you currently repaying any credit? If so, state the current balance of the credit** |  |
| **State profit/loss from economic activity for the penultimate accounting period (line 26 in the Profit and Loss Statement)** |  |

**9. Notes**

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**If the space in this questionnaire is insufficient, write your answers on a separate sheet of paper, which will be attached to the questionnaire.**

I hereby declare that the information included in this questionnaire is complete and true. I am also aware of the fact that if I take out an insurance policy, I am obliged to inform the insurer without undue delay of any changes in facts stated in this questionnaire. If an insurance policy is taken out, this questionnaire is an integral part of the insurance policy.

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_ Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_