**QUESTIONNAIRE FOR PROPERTY INSURANCE**

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

|  |  |
| --- | --- |
| **Business name (Name)** |  |
| **Company ID Number** |  |
| **Registered office**  | Street |  |
| Zip code |  | Town/city |  |
| **Line of business** |  |
| **Telephone Number** |  | E-Mail |  |
| **Website** |  |

**2. Damage history for the last 5 years**

**List damages not covered by insurance and damages for which an insurance company did not provide insurance benefits**

|  |  |  |
| --- | --- | --- |
| **Date of damage** | **Cause and brief description of damage** | **Damage amount [EUR]** |
|  |  |  |

**3. Place of insurance**

|  |  |
| --- | --- |
| **Address of the operation** |  |
| **The place of insurance (real estate, land) is** |[ ]  owned by the insured person |[ ]  rented |[ ]  other (specify):  |
| **Activity performed at the place of insurance by the person seeking insurance** |  |
| **Number of work shifts and number of employees per shift** |  |
| **Are other entities (companies) based at the place of insurance?** |[ ]  yes |[ ]  no  | (if yes, please specify below which activities they perform at the place of insurance) |
|  |  |
| **Is the place of insurance easily accessible to vehicles?** |[ ]  yes |[ ]  no | (if not, give reasons for reduced accessibility) |
|  |  |  |
| **Type of surrounding built-up area at the place of insurance** |[ ]  industrial |[ ]  residential |[ ]  other (specify): |
| **Nearest watercourse and/or reservoir**  | name |  | distance from the place of insurance |  |
|  | specify the degree of incline compared to the place of insurance and which place is higher (the watercourse/water reservoir or the place of insurance) |  |  |  |
| **Has the place of insurance been affected by a natural disaster (e.g. flood, landslide, wildfire)?** |[ ]  yes |[ ]  no | (if your answer is yes, please provide details below) |
|  |  |

**4. Construction of buildings and structures, use of buildings and structures**

|  |  |
| --- | --- |
| **Age of the building** |  |
| **Year of last reconstruction** |  |
| **Subject of works during the last reconstruction**  |  |
| **Total number of floors** |  | of which number of underground floors  |  |
| **Material of load-bearing walls** |  |
| **Thickness of load-bearing walls** |  |
| **Material of floors and ceilings and interior walls** |  |
| **Roof type** |  |
| **Roof material** |  |
| **Method of heating** |[ ]  local |[ ]  remote |[ ]  the building is not heated |
| **Fuel for heating** |[ ]  electricity |[ ]  coal |[ ]  gas |[ ]  other (specify): |
| **Are technological procedures with an increased risk of fire or explosion (e.g. welding) performed in the building?** |[ ]  yes |[ ]  no | (if your answer is yes, please provide details below) |
|  |  |
| **Are flammable, explosive or other hazardous substances stored in the building?** |[ ]  yes |[ ]  no | (if yes, specify what kind / quantity / method of storage) |
|  |  |

**5. Fire protection**

|  |  |  |  |
| --- | --- | --- | --- |
| **Is functional automatic fire detection equipment installed?** |[ ]  yes |[ ]  no  | (if your answer is yes, please specify where / type of fire detection equipment / area covered / where is the signal from the detection equipment output) |
|  |  |
| **Is any other functional detection system installed?** |[ ]  yes |[ ]  no | (if your answer is yes, please specify where / type / where is the signal from the detector output) |
|  |  |
| **Is a functional automatic fire extinguisher installed?** |[ ]  yes |[ ]  no | (if yes, specify where / type of equipment / area covered / type of extinguishing medium) |
|  |  |
| **Specify the type and number of water hydrants**  |  |  |
| **Specify the types and number of fire extinguishers** |  |  |
| **Other sources of fire water?** |[ ]  yes |[ ]  no | (if your answer is yes, please provide details below) |
|  |  |
| **Are there water pumps for extinguishing at the place of insurance?** |[ ]  yes |[ ]  no | (if your answer is yes, please indicate the system flow according to the part with the lowest flow (l/min)) |
|  |  |  |
| **Public fire brigade** | Distance |  | Travel time |  | Exit from |  |
| **Own fire brigade** |[ ]  yes |[ ]  no | (if your answer is yes, please provide details below) |
|  |  |
| **Is fire-fighting equipment regularly inspected in accordance with the applicable regulations?**  |[ ]  yes |[ ]  no |
| **Other methods of fire protection (e.g. fire technician)?** |  |  |

**6. Anti-theft security methods**

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the area in which the building is located surrounded by functional fencing?** |[ ]  yes |[ ]  no  | (if your answer is yes, please specify the height and type of fencing, the number of entrances and how to lock them) |
|  |  |
| **Are persons registered at the entrance to the area/building?** |[ ]  yes |[ ]  no | (if your answer is yes, please provide details below) |
|  |  |
| **Is the area illuminated at night?** |[ ]  yes |[ ]  no |  |
| **Is the building guarded by a security service?** |[ ]  yes |[ ]  no | (if your answer is yes, please fill in the data below) |
|  | Who performs guard duty? (employee, private security service, other): |
|  | number of guards  | during the day |  | during the night |  | on days off |  |
|  | Are walkabouts performed? If your answer is yes, please specify how often and how they are recorded:  |
| **Is a working camera system installed?**  |[ ]  yes |[ ]  no | (if your answer is yes, please provide details below) |
|  | Is the camera system equipped with a night vision function? |
|  | How long is the recording from the camera system archived? |
|  | Is the signal from the camera system sent to a place with continuous monitoring (e.g. police, private security service)? If your answer is yes, please indicate where. |
|  |[ ]  yes |[ ]  no | The signal is sent to:  |  |
| **Is a functional electronic security system (ESS) installed?** |[ ]  yes |[ ]  no | (if your answer is yes, please provide details below) |
|  | Type of ESS |
|  | Coverage of the place of insurance |
|  | The signal from ESS is sent to |
|  |[ ]  local siren |[ ]  automatic telephone selector (min. 2 numbers) |[ ]  police |
|  |[ ]  private security service |[ ]  Other (specify): |
| **Are other security means installed or available at the place of insurance? What kind? (metal grids, foils, tourniquet, watchdog, ...)** |  |

**7. Notes**

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| --- |
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**If the space in this questionnaire is insufficient, please write your answers on a separate sheet of paper to 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 the facts stated in this questionnaire. If an insurance policy is taken out, this questionnaire forms an integral part of the insurance policy.

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

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

**v1\_2022**