

Dependent Property/Contingent Business Income Supplemental Questionnaire

Note: Please complete this questionnaire for each location seeking a Dependent Property/Contingent Business Income Limit of \$500,000 or more.

Insured Name: _____

Effective Date: _____

Dependent Property/Contingent Business Income limit requested: _____

1. Dependent Property Information:

a. What is the name of dependent property entity? _____

b. What is the address of dependent property entity? _____

c. COPE information of dependent property location:

Construction: _____ Occupancy: _____ Private protection: _____

Public protection: _____ Exposure to other properties (if known): _____

d. Does the dependent entity have a contingency plan in place? Yes No

e. Does the dependent entity store finished product on behalf of the insured? Yes No

If yes, how many months of finished product is stored, for the insured, by the dependent entity? _____

2. If Dependent Property Entity is a Supplier/Subcontracted Manufacturer:

a. Describe product or component manufactured: _____

b. Is completed equipment manufactured or supplied or only a component piece or finished good? Yes No

3. If Dependent Property Entity is a Customer:

a. What percentage of the insured sales are generated from this customer? _____

b. Can they source product from another customer? Yes No

4. Contingency/Business Continuation Plan:

a. Does the insured have a contingency plan in place? Yes No

If yes, does the plan include alternative suppliers? Yes No

b. Does the insured have a contract in place with their supplier? Yes No

If yes, what guarantees are provided about the availability of the product or component? _____

c. How many months of finished product does the insured maintain? _____

d. Does the insured store finished goods offsite? Yes No

If yes, how many months of finished goods is stored offsite? _____

5. Has there ever been a dependent property loss involving a current dependent property? Yes No

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