

Spoilage Questionnaire

PLEASE COMPLETE APPLICATION FOR EACH LOCATION SEEKING SPOILAGE LIMITS IN EXCESS OF \$250,000

Insured Name: _____

Effective Date: _____ Spoilage limit requested: _____

1. Provide description of contents that are perishable or susceptible to spoilage or damage due to any change in a controlled environment:

2. What are the total values of contents at the site and the highest value of contents in an individual unit? _____

3. Do you store all of your perishable property in the same room? ☐ Yes ☐ No

4. Are your refrigeration units connected to the same electrical breaker or multiple breakers? ☐ Yes ☐ No

a. **Storage Controls** (check all that apply):

<input type="checkbox"/> Refrigeration units	<input type="checkbox"/> Redundant refrigeration units with adequate free space available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Walk-in cold storage room/facility	<input type="checkbox"/> Redundant HVAC systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

b. **Temperature/Controlled-Environment Monitoring Controls** (check all that apply):

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| i. Use electronic/automated logging to verify constant temperature/environmental controls. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. Alarms are triggered by critical changes in temperature/environment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iii. Alarms ring to a central station, 24/7 monitoring service. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iv. The alarm monitoring company maintains a call list with a minimum of 3 contact persons. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| v. An alarm requires an on-site deactivation (i.e. it cannot be deactivated remotely). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| vi. Use manual loggers to verify constant temperature/environmental controls. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| vii. Each refrigeration unit includes temperature alarms/sensors. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

c. **Backup power Controls** (check all that apply):

- | | | | |
|---|---|--|------------------------------|
| i. Generator | <input type="checkbox"/> Diesel | <input type="checkbox"/> Natural gas | |
| ii. Contracts in place with your fuel supplier | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iii. Generator undergoes preventative maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iv. Generator provides: | <input type="checkbox"/> Life safety systems only | <input type="checkbox"/> Standby power, adequately addressing CICE | |
| v. Generator is exercised: | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | |
| vi. Fuel supply: _____ Gallons | | | |
| vii. Duration of backup power: _____ Hours | | | |
| viii. Automatic Transfer switch | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

6. **DISASTER RECOVERY** — Describe formalized Emergency Response Plans in place to protect any goods susceptible to a highly controlled environment, in the event of a wide-spread power and/or building event (e.g. fire, earthquake, etc):
