

# Warehouse Insurance Underwriting Questionnaire

## 1. Proposer Details

Full Name / Company Name

Contact Person

Phone

Email

Address

## 2. Warehouse Details

Warehouse Location

Year Built

Type of Construction

Total Floor Area (m<sup>2</sup>)

Occupancy / Use of Warehouse

Is the warehouse sprinkler protected?

Select

## 3. Goods Stored

Types of Goods Stored

Maximum Value of Goods (Currency & Amount)

Any hazardous or flammable goods?

Select

If yes, please describe

#### **4. Security and Risk Management**

Security Measures in Place

Premises Guarded (e.g. 24/7, Patrols)

Select

Alarm System Installed?

Select

Fire-fighting Equipment Details

#### **5. Insurance History**

Previous Insurer(s)

Any Losses, Claims, or Incidents in the Past 5 Years?

Select

If yes, please provide details

#### **6. Additional Information**

Additional Remarks / Information