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Equipment Breakdown Spoilage Supplement

- 1. Name of Insured:
2. Current EB carrier:
3. Previous cancelled or non-renewed?
4. If yes, please explain:
5. Address of spoilage location:
6. Occupancy:
7. Spoilage Coverage Requested:
8. Does the current insurance program include a Stock-Through-Put-Policy?
9. If yes, does program coverage include Ammonia Contamination?
10. Any previous spoilage or ammonia claims?
11. If yes:
a. Specify which:
b. Date of loss:
c. Amount paid: \$
d. Brief details of claim:

12. How many of each of the following type of refrigeration units are at the premises:

Perishable food in each	Maximum \$ Spoilage Value	Type of
Freezers	\$	
Refrigerated (coolers)	\$	
Live Lobster Pound	\$	

13. Alarm Systems:

Hi/low temperature alarms? Yes  No  If Yes, specify monitored or local: \_\_\_\_\_

Are there power outage alarms? Yes  No  If Yes, specify monitored or local: \_\_\_\_\_

Compressor breakdown alarm? Yes  No  If Yes, specify monitored or local: \_\_\_\_\_

*Lobster pound or other shell fish tanks:* water flow alarms? Yes  No  If Yes, specify monitored or local: \_\_\_\_\_

*Lobster pound or other shell fish tanks:* Up water pump? Yes  No

*Lobster pound or other shell fish tanks:* Spare in-line blower? Yes  No

Is there a back-up or automatic power generator capable of running the entire facility? Yes  No

Refrigeration systems: Ammonia  Freon  If ammonia, is there monitored ammonia detection alarm system? \_\_\_\_\_

14. What is the estimated time it would take for the product to spoil? \_\_\_\_\_

15. What alternate arrangements are there for the storage of food? \_\_\_\_\_

16. Seasonal or full year operation? (Specify months) \_\_\_\_\_

17. Hours and numbers of days the premises are open per week? \_\_\_\_\_

18. No. of hours a day premise are left unattended? \_\_\_\_\_

Date \_\_\_\_\_ Broker representative signature: \_\_\_\_\_

Print Name and Title \_\_\_\_\_