

## Equipment Breakdown Spoilage Supplement

1. Name of Insured: \_\_\_\_\_
2. Current EB carrier: \_\_\_\_\_
3. Previous cancelled or non-renewed?  
 Yes  No
4. If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
5. Address of spoilage location: \_\_\_\_\_
6. Occupancy: \_\_\_\_\_
7. Spoilage Coverage Requested:
 

Limit	_____	Specify maximum limit at any one time
Coinsurance	_____	
Deductible	_____	
Specified Property (e.g. Frozen seafood, meat in cold storage, live lobster)	_____	
8. Does the current insurance program include a Stock-Through-Put-Policy?  
 Yes  No
9. If yes, does program coverage include Ammonia Contamination?  
 Yes  No
10. Any previous spoilage or ammonia claims?  
 Yes  No
11. If yes:
  - a. Specify which: \_\_\_\_\_
  - b. Date of loss: \_\_\_\_\_ Open or closed: \_\_\_\_\_
  - 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 \_\_\_\_\_