

PFI/PPP General Operational Insurance Questionnaire



Zurich Infrastructure Unit, provides single line or multi-class insurance programmes for PPP and Infrastructure projects during construction and/or operational phases on single project or portfolio basis.

We insure projects in sectors such as healthcare, schools universities and college buildings, roads, street lighting, courts, public buildings, library & leisure centres, custodial, waste, social and military housing tram/light rail, police and fire stations Local Authority and MoD assets.

Introduction

1 Important information about completing this questionnaire

The intention of this questionnaire is to obtain information relating to your business.

Please complete the questionnaire and supplement with any documentation or additional information as appropriate.

2 Duty of disclosure

- (i) In addition to providing all basic information necessary to enable us to assess the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to us..
- (ii) If you are in any doubt as to whether a fact is material you should disclose it.

3 Questions

All questions should be answered. Please state if 'not applicable'. or PFI/PPP contracts insured by Zurich.

If there is inadequate space on the questionnaire page provided, please use a supplementary sheet.

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Authorised by the Irish Financial Regulator and subject to limited regulation by the Financial Services Authority. Details about the extent of our regulation by the Financial Services Authority are available from us on request. FSA registration number 203093. These details can be checked on the FSA's register by visiting their website www.fsa.gov.uk/register or by contacting them on 0845 606 1234

General information

1 Project title

2a Name of sponsors / JV partners comprising 'ProjectCo'

2b Project company

3 The Authority

4 Details of other 'ProjectCo' Insurance underwritten by Zurich

5 Project Agreement signature date or estimated date of financial close

6 Concession period

7 The Authority

Title	
Address	
Phone no.	Fax no.

8 The Lenders

Title	
Address	
Phone no.	Fax no.

9 Brief description of the services delivered by the ProjectCo and the areas for which the ProjectCo has assumed responsibility

- | | | | |
|------------------------------------|--------------------------|---|--------------------------|
| Building maintenance | <input type="checkbox"/> | Grounds maintenance | <input type="checkbox"/> |
| Electrical services | <input type="checkbox"/> | Cleaning | <input type="checkbox"/> |
| Catering | <input type="checkbox"/> | Security | <input type="checkbox"/> |
| Crèche | <input type="checkbox"/> | Swimming pool or customer facing sports centre staff providing services beyond janitorial functions | <input type="checkbox"/> |
| General waste disposal | <input type="checkbox"/> | Custodial | <input type="checkbox"/> |
| Health, fitness or sports training | <input type="checkbox"/> | Community use (please describe) | <input type="checkbox"/> |

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Others (please specify)

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10 Please list below activity / service provided by 1st tier service providers and state whether they are required to maintain their own independent public liability insurance

1st tier services provider	Activity/service	Own public liability applies ? PL limit	Annual payments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	£
		<input type="checkbox"/> Yes <input type="checkbox"/> No	£
		<input type="checkbox"/> Yes <input type="checkbox"/> No	£

11 Please list below activity / service provided by 2nd tier sub contractors. It is expected that they would have their own insurance in place. Please advise reason if this is not the case

2nd tier services provider	Activity/Service	Own public liability applies PL limit	Annual payments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	£
		<input type="checkbox"/> Yes <input type="checkbox"/> No	£
		<input type="checkbox"/> Yes <input type="checkbox"/> No	£

12

a) if the buildings or project facilities were unavailable due to insured damage, how quickly could ProjectCo terminate the service provider(s) contract(s) without financial penalty?

b) is the service provider(s) an associated/subsidiary or related to one of ProjectCo's sponsors/investors?

13 Please describe the type of third party letting activities that take place. Specific mention should be made of activities involving the sale of alcohol, sports activities and crèche facilities.

a) If a hire agreement is used, please provide a specimen

Location specific information

Property damage & business interruption values and information

The following are guidance notes for completing the asset schedule section of this questionnaire.

- (i) Only provide values when you are responsible for arranging insurance.
(ii) List all premises (full address including postcode) owned or occupied by you for which cover is required under this proposal.
(iii) Buildings:

Provide rebuilding value only where you are responsible for insurance.

The definition of buildings includes machinery fixtures and fittings, improvements, alterations and decorations, external stairs, walls, gates, fences, roads and car parks.

The rebuilding value should represent the actual cost of rebuilding including the additional cost of reinstatement to comply with public authority requirements professional fees, debris removal costs fitted carpets and the like but excluding land value.

- (iv) All other assets

Provide the current cost of replacement with new equipment. Only include items for which you are responsible.

14 Name of premises

[Empty text box for name of premises]

15 Full address of contract site including postcode

[Empty text box for full address of contract site including postcode]

16 New replacement value of building including machinery & plant

[Text box with £ symbol for new replacement value of building including machinery & plant]

17 Value of general contents, but excluding computers

[Text box with £ symbol for value of general contents, but excluding computers]

18 Value of computers, IT & audio visual equipment

[Text box with £ symbol for value of computers, IT & audio visual equipment]

19 Value of portable temporary buildings

[Text box with £ symbol for value of portable temporary buildings]

20 Value of artificial sports pitches

£

21 Value of swimming pools

£

22 Estimated annual revenue

£

23 Describe the nature and construction of each building e.g. type of frame (if applicable) construction of walls, floors and roof approximate age and number of storeys

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24 Will all facings cladding and insulants within composite and sandwich panels and insulant be non-combustible?

If not please specify

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25 If answer to 24 above is no, please give following details

Roofs	%
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Wallspace	%
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Fascia cladding	%
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26 Is the site totally enclosed by boundary fencing? Yes No

If not what is the occupation of neighbouring land with open access?

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27 Please detail the type of boundary fencing and the height measured at its lowest point

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28 Are all gates in the fencing locked outside of normal operating hours? Yes No

29 Are the premises protected by:

a) CCTV Yes No

b) remotely monitored off site? Yes No

30

a) please describe the type and coverage of fire, smoke and intruder detection systems operational in the building.

b) Is this remotely monitored off site? Yes No

31 Is there a 24 hour guard or resident caretaker? Yes No

32 Are the buildings protected by an automatic sprinkler system? Yes No

33 Are there any prefabricated or temporary buildings:

a) connected to the main buildings by corridors or passageways?

b) what is the minimum difference between such units and the main building(s)?

34 Is the location known to be exposed or vulnerable to or suffered loss / damage from:

a) any natural perils, such as flood, storm, high winds, subsidence, heave etc?

b) adverse ground conditions such as exposure from mining?

35 M&E Building Services

Please detail key building services mechanical and electrical plant

36 If any premises are unoccupied please provide full details including address, postcode, description, protections, rebuilding value and future useage proposals

37 If you would like Zurich to quote terms for provision of statutory inspection services please supply full schedule of plant requiring inspection such as: lifting and handling plant, pressure plant exhaust ventilation plant electrical equipment playground equipment and passenger lifts.

Business Interruption

38 Please detail the estimated revenue by activity / income stream for the forthcoming annual period

Activity/income streams	Annual revenue
Availability fee	£
Hard FM services	£
Soft FM services	£
Other	£

(Please specify)

Total revenue	£
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39 What indemnity period is required?

_____ Months

The following questions are intended to gain information as to the impact a major loss such as a fire at your suppliers or customers would have upon your revenue/income.

40 External Dependencies.

Describe any major dependence of the business on third parties e.g. suppliers of goods or services customers, bearing in mind possible alternative sources of supply.

Third Party Company	Goods or services supplied	Financial dependency
		£
		£
		£

41 Revenue loss following an insured event causing unavailability.

a) please advise whether the payment structure could operate in a manner where the revenue loss was disproportional to the area damaged/out of service. For example if a proportion only of an area/site is lost, would the Authority be contractually entitled to deem that an area greater than that lost was 'unavailable' and reduce payments accordingly?

b) is the revenue from any single location or building dependent upon the availability of others within the same project? If so please explain and quantify.

Claims History

42 Claims/loss experience.

Please provide details since date of financial close or during the past 5 years as appropriate.

43 Existing Insurer (s), policy number and renewal date

Declaration

Please complete the following declaration.

I declare that to the best of my knowledge and belief the answers given in this questionnaire and any supporting documents or papers submitted represent a true position and that I have not withheld any information material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the Insurance Contract proposed.

Signed by	Date		
On behalf of			
Completed by	Position		
Tel no.	Fax no.		
Address			

