



PFI/PPP Operational Schools Questionnaire



Zurich Infrastructure Unit, provides single line or multi-class insurance programmes for PPP and Infrastructure projects during construction and/or operational phases on a 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 supplemented by additional information and documentation as appropriate.

2 Duty of disclosure

- (i) In addition to providing all basic information necessary to enable us to assess the risk, you must disclose all material matters relating to the risk and 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'.

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

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Zurich Insurance plc.

A public limited company incorporated in Ireland Registration No. 13460.

Registered Office: Zurich House, Ballsbridge Park, Dublin 4 Ireland. UK Branch registered in England and Wales. Registration No. BR7985. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

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

Title	Lead Equity Owner
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Phone no.	Fax no.
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3 The authority

Phone no	Fax no
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4 The lenders

Phone no	Fax no.
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5 Details of other "ProjectCo" Insurance underwritten by Zurich

6 Project agreement signature date or estimated date of financial close

7 Concession period

(i) length of concession period

(ii) remaining period

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

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

Others (please specify)

9 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.

1 st Tier service provider	Activity / Service	Own Public Liability applies?		Annual payments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	P L limit	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	£	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	£	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	£	

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

2 nd Tier service provider	Activity / Service	Own Public Liability applies?		Annual payments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	P L limit	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<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

a) if the buildings 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?

12 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 and Business Interruption

Values and information

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

- A
- (i) only provide values where you are responsible for arranging insurance.
 - (ii) list all premises (full address **including** postcode) for which cover is required.
 - (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.
- B
- Answer questions for each location as appropriate

13 Name of school

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14 Previous name if any (during past 5 years)

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15 Full address of the contract site including postcode

Postcode	Postcode	Postcode	Postcode	Postcode
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16 Type of school (e.g. secondary, infant, primary or combined site)

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17 Number of pupils

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18 New replacement value of building including fixed machinery & plant

£	£	£	£	£
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19 Value of general contents, but excluding computers

£	£	£	£	£
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20 Value of computers, IT & audio visual equipment

£	£	£	£	£
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21 Value of portable temporary classrooms

£	£	£	£	£
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22 Value of artificial sports pitches

£	£	£	£	£
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23 Value of swimming pools or sports centres

£	£	£	£	£
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24 Estimated annual revenue

£	£	£	£	£
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25 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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26 Will all facings cladding, external Insulated Finish systems and insulants within composite/sandwich panels be non-combustible? If not please specify

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27 If answer to 26 above is no, please give following details

Answer on a pre-school basis if necessary

Roofs	%	Roofs	%	Roofs	%	Roofs	%	Roofs	%
Wall space	%	Wall space	%	Wall space	%	wall space	%	Wall space	%
Fascia cladding	%	Fascia cladding	%	Fascia cladding	%	Fascia cladding	%	Fascia cladding	%

28 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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29 Please detail the type of boundary fencing and the height measured at it's lowest point

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30 Are all gates in the fencing locked outside of normal school hours? Yes No

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31 Is the school protected by:

CCTV and remotely monitored off-site?

Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
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32 a) please describe the type and extent of heat or smoke fire detection system operational in the building

b) is this remotely monitored off site Yes No

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33 a) please describe the extent of coverage of the intruder alarm system and state whether it is remotely monitored off-site?

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34 Is there a 24 hour guard or resident caretaker?

Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
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35 Are the schools protected by an automatic sprinkler system? Yes No

Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
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36 Are there any prefabricated or temporary buildings:

If so, please provide details of type, number, value and positioning

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37 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?

If so, please provide supplementary detail

Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
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38 Artificial sports surfaces/pitches

a) type of surface and manufacturer
b) age
c) is there exposure to flood or high levels of rainwater run-off?
d) is the surface patchable?
e) describe type and height of fencing / gates around pitches

39 M&E building services

Please detail key building services mechanical and electrical plant

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40 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

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

	Annual revenue
Availability fee	<input type="text" value="£"/>
Hard FM services	<input type="text" value="£"/>
Soft FM services	<input type="text" value="£"/>
Other	<input type="text" value="£"/>

(Please specify)

Total revenue

42 What indemnity period is required?

43 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

44 Claims/loss experience

Provide details since date of financial close or during the last 5 years as appropriate

45 Please provide details of your current insurer(s), policy number and renewal date

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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 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			
Email				
Tel no.		Fax no.		
Address				