

## LOSS OF REVENUE QUESTIONNAIRE

Please advise details of the insured items requiring loss of revenue cover:

Item	Description	Age	Sum insured required
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

Do you currently have spare capacity within the plant fleet to be able to continue the work being carried out by all the above items?  Yes  No

If No, what would be the maximum duration before work could be recommenced? Weeks

Are all these items readily replaceable, or easily available for hire?  Yes  No

If No, what is the estimated replacement times for the items not readily available? Weeks

Have you suffered any loss, whether insured or not for this type of loss in the last 5 years?  Yes  No

If Yes, please provide details:

i) Full details of Loss

ii) Time period that the business was affected and the costs incurred