

| 1. Policyholder |
|-------------------------|
| Company or name |
| Street and house number |
| Postcode, City, Country |
| Phone |
| E-mail |

| 2. Broker |
|--------------------|
| Company |
| Contact person |
| Phone |
| E-Mail |
| Hübener broker no. |

For each insurance location, the questionnaire must be signed by a person/ persons who is/ are entitled to represent their company in a legally binding manner vis-à-vis third parties.

The information you provide enables us to correctly assess the risk. Non-response or dashes are considered as negation. The submission of the questionnaire does not establish a contractual relationship. Please also note the reference to the consequences of incorrect information at the end of the questionnaire. Since the questionnaire becomes part of the contract when you conclude it, you should keep a copy for your records. If the building or place of insurance is rented out, the tenant should be consulted.

| 3. Location Information | |
|-------------------------|---|
| 3.1 Address | <input type="checkbox"/> deviating as follows _____ _____ |
| 3.3 Type of Area | <input type="checkbox"/> commercial or industrial area <input type="checkbox"/> outside of towns and villages <input type="checkbox"/> mixed area (densely built-up, inner city) |

| 4. Information on the company/ property | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|---|---|---|---|----------------------------------|--|--|-------------------------------------|---|---|---|---------------------------------------|---|---|--|--|----------------------------------|-------------------------------------|--|----------------------------------|
| 4.1 Employees and working hours | Number of employees: _____ Number of shifts: _____ Of which _____ temporary workers Working hours: _____ | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 Certification | <input type="checkbox"/> specialist disposal firm <input type="checkbox"/> quality management <input type="checkbox"/> _____ | | | | | | | | | | | | | | | | | | | | | | |
| 4.3 Vicinity | <input type="checkbox"/> vicinity establishments or warehouses with particular fire hazard ¹ (<20m) next: _____ ¹ This includes following companies/ warehouses: waste paper, fireworks, foamed plastics, wood wool, mattresses, ammunition, oil, peroxides, upholstery, sawmills, explosives, textiles, peat and fuel | | | | | | | | | | | | | | | | | | | | | | |
| 4.4 Description of operations/ production process | _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | |
| 4.5 Type and scope of incoming waste material inspection | _____ | | | | | | | | | | | | | | | | | | | | | | |
| 4.6 Split of processed materials (in percent) at the place of insurance – impurities of up to 3% are not taken into account | <table border="0"> <tbody> <tr> <td><input type="checkbox"/> % batteries (lithium)</td> <td><input type="checkbox"/> % batteries (without lithium)</td> </tr> <tr> <td><input type="checkbox"/> % biodegradable substances</td> <td><input type="checkbox"/> % dual system, lightweight packaging</td> </tr> <tr> <td><input type="checkbox"/> % electronics/ electrical appliances</td> <td><input type="checkbox"/> % mixed commercial waste</td> </tr> <tr> <td><input type="checkbox"/> % glass</td> <td><input type="checkbox"/> % wood (also including substitute fuel)</td> </tr> <tr> <td><input type="checkbox"/> % car recycling</td> <td><input type="checkbox"/> % plastics</td> </tr> <tr> <td><input type="checkbox"/> % metal (without combustible part)</td> <td><input type="checkbox"/> % metal, scrap trade</td> </tr> <tr> <td><input type="checkbox"/> % mineral substances</td> <td><input type="checkbox"/> % ammunition</td> </tr> <tr> <td><input type="checkbox"/> % oil, liquids, slurries</td> <td><input type="checkbox"/> % paper/ cardboard</td> </tr> <tr> <td><input type="checkbox"/> % paper (only shredded files)</td> <td><input type="checkbox"/> % paper from production</td> </tr> <tr> <td><input type="checkbox"/> % tyres</td> <td><input type="checkbox"/> % textiles</td> </tr> <tr> <td><input type="checkbox"/> % carcass rendering</td> <td><input type="checkbox"/> % _____</td> </tr> </tbody> </table> | <input type="checkbox"/> % batteries (lithium) | <input type="checkbox"/> % batteries (without lithium) | <input type="checkbox"/> % biodegradable substances | <input type="checkbox"/> % dual system, lightweight packaging | <input type="checkbox"/> % electronics/ electrical appliances | <input type="checkbox"/> % mixed commercial waste | <input type="checkbox"/> % glass | <input type="checkbox"/> % wood (also including substitute fuel) | <input type="checkbox"/> % car recycling | <input type="checkbox"/> % plastics | <input type="checkbox"/> % metal (without combustible part) | <input type="checkbox"/> % metal, scrap trade | <input type="checkbox"/> % mineral substances | <input type="checkbox"/> % ammunition | <input type="checkbox"/> % oil, liquids, slurries | <input type="checkbox"/> % paper/ cardboard | <input type="checkbox"/> % paper (only shredded files) | <input type="checkbox"/> % paper from production | <input type="checkbox"/> % tyres | <input type="checkbox"/> % textiles | <input type="checkbox"/> % carcass rendering | <input type="checkbox"/> % _____ |
| <input type="checkbox"/> % batteries (lithium) | <input type="checkbox"/> % batteries (without lithium) | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % biodegradable substances | <input type="checkbox"/> % dual system, lightweight packaging | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % electronics/ electrical appliances | <input type="checkbox"/> % mixed commercial waste | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % glass | <input type="checkbox"/> % wood (also including substitute fuel) | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % car recycling | <input type="checkbox"/> % plastics | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % metal (without combustible part) | <input type="checkbox"/> % metal, scrap trade | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % mineral substances | <input type="checkbox"/> % ammunition | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % oil, liquids, slurries | <input type="checkbox"/> % paper/ cardboard | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % paper (only shredded files) | <input type="checkbox"/> % paper from production | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % tyres | <input type="checkbox"/> % textiles | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> % carcass rendering | <input type="checkbox"/> % _____ | | | | | | | | | | | | | | | | | | | | | | |

| | |
|----------------------------------|---|
| 4.7 Mechanical processing | <input type="checkbox"/> there is no mechanical processing (drilling, turning, flexing, milling, grinding, pressing, sawing, shredding and sieving) in the buildings <input type="checkbox"/> only unmixed substances are pressed or sifted in the buildings, but no mechanical processing of materials (drilling, turning, flexing, milling, grinding, sawing or shredding) |
|----------------------------------|---|

| 5. Storage | |
|---|--|
| 5.1 Place of storage | <input type="checkbox"/> outside <input type="checkbox"/> in production halls <input type="checkbox"/> in production halls with existing constructional separation or open space of at least 5 m width between production and storage area <input type="checkbox"/> in warehouses <input type="checkbox"/> in silos |
| 5.2 Type of storage | <input type="checkbox"/> separated storage of the individual substances is possible by means of structural separation or open spaces with a width of at least 5 m. <input type="checkbox"/> block storage: _____ m storage height <input type="checkbox"/> shelf storage: _____ m storage height <input type="checkbox"/> bulk material storage: _____ m storage height |
| 5.3 Delivery hall | <input type="checkbox"/> separate hall for waste reception <input type="checkbox"/> empty at the end of operation |
| 5.4 Storage of flammable materials | <input type="checkbox"/> size of partial storage areas in buildings (max. 400 m ²) is maintained <input type="checkbox"/> size of partial outdoor stage areas (max. 300 m ²) is maintained |

| 6. Safety and accessibility | |
|---|--|
| 6.1 Access control | <input type="checkbox"/> for employees <input type="checkbox"/> for external persons <input type="checkbox"/> use of the premises by other companies name: _____ |
| 6.2 Enclosure | <input type="checkbox"/> surrounding fencing (fence, wall) available <input type="checkbox"/> min. 2 m high <input type="checkbox"/> with anti-climb device |
| 6.3 Monitoring / Illumination | <input type="checkbox"/> complete illumination of the premises after the end of operation <input type="checkbox"/> CCTV areas: _____ <input type="checkbox"/> burglar alarm system with connection to police |
| 6.4 Security outside operating hours | <input type="checkbox"/> irregular surveillance <input type="checkbox"/> regular rounds and time clock checks at intervals of <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/> 4 hours |

| 7. Organizational fire protection | |
|-----------------------------------|---|
| 7.1 Fire safety officer | <input type="checkbox"/> internally named, with appropriate qualification (e.g. VdS, vfdb 12/09-01) <input type="checkbox"/> externally designated |

| 8. Defensive fire protection | |
|---------------------------------------|---|
| 8.1 Fire extinguishers | <input type="checkbox"/> a sufficient number of fire extinguishers available <input type="checkbox"/> fire extinguishers maintenance every 2 years <input type="checkbox"/> additional mobile fire extinguishers (e.g. CAFS extinguishers) |
| 8.2 Wall hydrants | <input type="checkbox"/> wall hydrants are present in every building <input type="checkbox"/> if buildings are cold halls: wall hydrants are <input type="checkbox"/> heated or <input type="checkbox"/> dry-implemented |
| 8.3 Fire-fighting water supply | Hydrant on the <input type="checkbox"/> premises or via the <input type="checkbox"/> public drinking water supply Further extinguishing water tapping points (>350 m ³): <input type="checkbox"/> firefighting pond <input type="checkbox"/> cistern <input type="checkbox"/> _____ <input type="checkbox"/> well <input type="checkbox"/> open water |
| 8.4 Fire brigade | Jurisdiction: <input type="checkbox"/> volunteer fire brigade <input type="checkbox"/> professional fire department <input type="checkbox"/> plant fire brigade Distance to the place of insurance: _____ km Deployment time: _____ min <input type="checkbox"/> obstacles (e.g. railway barriers) on the approach route <input type="checkbox"/> exercises with the fire brigade take place regularly, last _____ (month/ year) <input type="checkbox"/> accessibility of the fire brigade to the premises and buildings is guaranteed at all times <input type="checkbox"/> employees of the company are active in the fire brigade _____ persons |

9. Scope of insurance

9.1 Building and Content insurance

For each building, it is recommended to complete the supplementary questionnaire "Recycling buildings", as this will be taken into account when calculating the premium.

If goods and supplies, mobile machinery or vehicles subject to registration cannot be directly assigned to a building, please indicate under 9.2 to 9.4

Building 1

Description: _____ Use: _____

Building insurance

sum: _____ EUR

new value current value value 1914

Perils

fire waterpipe damage
 storm/ hail sprinkler leakage
 elementary glass

Content insurance

technical equipment: _____ EUR

commercial equipment: _____ EUR

goods/ supplies: _____ EUR

new value current value

Perils

fire waterpipe damage
 storm/ hail sprinkler leakage
 elementary burglary

Building 2

Description: _____ Use: _____

Building insurance

sum: _____ sum: _____

new value current value value 1914

Perils

fire waterpipe damage
 storm/ hail sprinkler leakage
 elementary glass

Content insurance

technical equipment: _____ EUR

commercial equipment: _____ EUR

goods/ supplies _____ EUR

new value current value

Perils

fire waterpipe damage
 storm/ hail sprinkler leakage
 elementary burglary

Building 3

Description: _____ Use: _____

Building insurance

sum: _____ EUR

new value current value value 1914

Perils

fire waterpipe damage
 storm/ hail sprinkler leakage
 elementary glass

Content insurance

technical equipment: _____ EUR

commercial equipment: _____ EUR

goods/ supplies _____ EUR

new value current value

Perils

fire waterpipe damage
 storm/ hail sprinkler leakage
 elementary burglary

| | |
|---|---|
| Building 4 Description: _____ Use: _____ | |
| Building insurance sum: _____ EUR <input type="checkbox"/> new value <input type="checkbox"/> current value <input type="checkbox"/> value 1914 Perils <input type="checkbox"/> fire <input type="checkbox"/> waterpipe damage <input type="checkbox"/> storm/ hail <input type="checkbox"/> sprinkler leakage <input type="checkbox"/> elementary <input type="checkbox"/> glass | Content insurance technical equipment: _____ EUR commercial equipment: _____ EUR goods/ supplies _____ EUR <input type="checkbox"/> new value <input type="checkbox"/> current value Perils <input type="checkbox"/> fire <input type="checkbox"/> waterpipe damage <input type="checkbox"/> storm/ hail <input type="checkbox"/> sprinkler leakage <input type="checkbox"/> elementary <input type="checkbox"/> burglary |
| | |
| Building 5 Description: _____ Use: _____ | |
| Building insurance sum: _____ EUR <input type="checkbox"/> new value <input type="checkbox"/> current value <input type="checkbox"/> value 1914 Perils <input type="checkbox"/> fire <input type="checkbox"/> waterpipe damage <input type="checkbox"/> storm/ hail <input type="checkbox"/> sprinkler leakage <input type="checkbox"/> elementary <input type="checkbox"/> glass | Content insurance technical equipment: _____ EUR commercial equipment: _____ EUR goods/ supplies _____ EUR <input type="checkbox"/> new value <input type="checkbox"/> current value Perils <input type="checkbox"/> fire <input type="checkbox"/> waterpipe damage <input type="checkbox"/> storm/ hail <input type="checkbox"/> sprinkler leakage <input type="checkbox"/> elementary <input type="checkbox"/> burglary |
| | |
| Building 6 Description: _____ Use: _____ | |
| Building insurance sum: _____ EUR <input type="checkbox"/> new value <input type="checkbox"/> current value <input type="checkbox"/> value 1914 Perils <input type="checkbox"/> fire <input type="checkbox"/> waterpipe damage <input type="checkbox"/> storm/ hail <input type="checkbox"/> sprinkler leakage <input type="checkbox"/> elementary <input type="checkbox"/> glass | Content insurance technical equipment: _____ EUR commercial equipment: _____ EUR goods/ supplies _____ EUR <input type="checkbox"/> new value <input type="checkbox"/> current value Perils <input type="checkbox"/> fire <input type="checkbox"/> waterpipe damage <input type="checkbox"/> storm/ hail <input type="checkbox"/> sprinkler leakage <input type="checkbox"/> elementary <input type="checkbox"/> burglary |
| | |

| | |
|--|--|
| 9.2 Goods and supplies | Goods and supplies which cannot be allocated _____ EUR |
| 9.3 (Semi-) mobile machines (Registered vehicles excluded) | Cannot be directly assigned to a building - lump sum <input type="checkbox"/> new value <input type="checkbox"/> current value _____ EUR - acc. to list of machines _____ EUR |
| 9.4 Vehicles requiring registration | Only used at the insured location - lump sum <input type="checkbox"/> new value <input type="checkbox"/> current value _____ EUR - acc. to list of machines _____ EUR |
| 9.5 Business interruption (BI) | Start of financial year _____ (day/ month) Annual turnover in the last fiscal year _____ EUR Annual turnover in the planned fiscal year _____ EUR Operating expenses and operating profit in the insured company _____ EUR Cost of raw materials, consumables and supplies; Value added tax, excise duties and export duties; sales-dependent expenses for outgoing freight; sales-related insurance premiums; royalties and invention fees based on sales; profits and costs not related to the manufacturing, commercial or industrial operation - _____ EUR Desired preventative sum to avoid possible underinsurance + _____ EUR Annual sum insured: _____ EUR For the hazards <input type="checkbox"/> fire <input type="checkbox"/> waterpipe damage <input type="checkbox"/> storm/hail <input type="checkbox"/> natural <input type="checkbox"/> burglary Time of liability <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months |
| 9.6 Small BI | For the hazards <input type="checkbox"/> fire <input type="checkbox"/> waterpipe damage <input type="checkbox"/> storm/hail <input type="checkbox"/> natural <input type="checkbox"/> burglary Time of liability <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months The business sum insured agreed for the operating equipment and inventories shall also be deemed to be the sum insured for the small business unit insurance |
| 9.7 Additional costs | Desired first risk amount: _____ EUR For the hazards <input type="checkbox"/> fire <input type="checkbox"/> waterpipe damage <input type="checkbox"/> storm/hail <input type="checkbox"/> natural <input type="checkbox"/> burglary |

| 10. Previous damage | | | |
|---|----------------------|------------------------|--------------------------|
| All damages within the last 10 years are to be indicated (also uninsured damages >1,000 EUR fire damages > 5,000 EUR) | | | |
| Hazard | Loss day | Type and cause of loss | Amount of loss |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> EUR |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> EUR |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> EUR |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> EUR |

| 11. Prior insurance | |
|---------------------------------------|-------|
| 11.1 Insurance companies | _____ |
| 11.2 Insurance Certificate No. | _____ |

| | |
|--------------------------------|---|
| 11.3 Scope of insurance | <input type="checkbox"/> building insurance <input type="checkbox"/> content insurance <input type="checkbox"/> business interruption insurance <input type="checkbox"/> additional cost insurance |
| 11.4 Contract status | <input type="checkbox"/> has not been cancelled <input type="checkbox"/> insurer has given notice of termination Reason: _____ <input type="checkbox"/> I have cancelled |

12. Documents to be submitted

The following documents shall be submitted together with the recycling questionnaire. If the documents are not presented, the insurance premium may change or no insurance cover can be granted.

Necessary documents for tender preparation

| | attached | non-existent |
|---|--------------------------|--------------------------|
| 1. Site plan/ floor plan/ overview plan or fire brigade plan | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Current photos of the buildings and open spaces | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Technical data for burglar alarm system (if ticked in questionnaire) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Technical data for fire protection system (if marked in supplementary questionnaire) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Process flow chart (if available) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Previous insurer's or surveyor reports (if available) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Fire protection concept | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Additional questionnaire per building | <input type="checkbox"/> | <input type="checkbox"/> |

Documents to be submitted by the start of the contract

| | attached | non-existent |
|---|--------------------------|--------------------------|
| 1. Proof (certificate of findings) for testing the electrical systems (clause 3602) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Proof for thermographic inspection of electrical systems (according to VdS 2858) | <input type="checkbox"/> | <input type="checkbox"/> |

13. Declaration of the policyholder

I agree that Hübener Versicherungs AG (insurer) collects, stores, processes and uses to the extent necessary data resulting from the inquiry and application documents or the execution of the contract (premiums, insured events, risk, contract changes). Furthermore, I agree that the insurer may - if necessary - transfer the collected data to reinsurers as well as to other insurers, experts, lawyers, etc. and/or the Gesamtverband der Deutschen Versicherungswirtschaft (GDV) (German Insurance Association) in order to assess the risk and claims. This consent shall also apply irrespective of the conclusion of the insurance contract as well as for corresponding examinations of insurance contracts applied for elsewhere and for future applications.

I further consent to Hübener Versicherungs AG keeping my general application, contract and performance data in data collections and, insofar as brokers, sub-brokers, broker pools or underwriters are involved, passing them on to the extent that this serves the proper performance of my insurance matters.

This questionnaire is not an insurance contract. I accept, however, that the risk assessment by the insurer will be based on the findings and answers contained herein and that these will determine the contract. If the corresponding contract is concluded, this questionnaire will become an elementary part of the insurance contract.

I also note that a possible inspection of the risk is in no way intended to control and/or confirm the information provided in the questionnaire.

I confirm that I have given all information to the best of my knowledge and belief. I also confirm that the answers do not contain any deliberate omissions that could have a negative impact on the insurer's assessment of the risk. I undertake to report immediately any change to any circumstance that may be of interest to the insurer, even if such change has not yet occurred.

I also note that a possible inspection of the risk is in no way intended to control and/or confirm the information provided in the questionnaire. The latter shall also apply in the event of a failure to report an increase in risk.

I agree that I will be contacted by Hübener Versicherungs AG by telephone or e-mail after conclusion of the contract if I have any questions regarding the contract.

Consent is hereby given to obtain credit reports (e.g. Schufa, CRIF) and any information from the previous insurer.

The undersigned is/are the legal representative/s of the policyholder and may make legally binding declarations for the company vis-à-vis Hübener Versicherungs AG.

| | |
|------------|------------------|
| City, date | Stamp, signature |
|------------|------------------|