

MACHINERY BREAKDOWN INSURANCE PROPOSAL FORM

1. Name of Proposer:.....

2. Postal Address:

3. All Business and Professions:.....

4. Location of Machinery to be insured:.....

5. Period of Insurance required from:..... To:

6. Do you own the Machinery Proposed for Insurance? Yes No

 If not (a) to whom does it belong?.....

 And (b) What is your Interest in the Machinery?.....

7 Maintenance:

 (a) At what intervals is maintenance effected?.....

 (b) By whom?.....

 (c) At what intervals is the Machinery overhauled?.....

 (d) By whom?.....

8 How long have the Machinery been in operation?.....

9 What are the normal working hours of the Machinery?.....

10 Give details of any defects, known to you, in the Machinery proposed:.....

.....

11 Has the Machinery proposed or similar Machinery used by you suffered damage during the last five years? If So, please state:

(a) the Machine (s) affected:.....

(b) brief details of damage and cause:.....

(c) cost of repair or replacement:.....

12 Do you wish to include (at additional premium):

Express carriage and overtime costs incurred in repairs? Yes No

(the normal limit is 25% of the repair cost).....

13 Do you hire out your Machinery? Yes No

If so, whilst it is being hired who is responsible for losses?.....

14 Who operates the Machine if not your own employees?.....

.....

15 Are there any self propelled Machinery included in your list of Machinery? Yes No

If 'yes' please indicate by marking (*) in Schedule

(a) Will they be driven on the roads? Yes No

(b) Do they have Third Party Insurance cover? Yes No

16 Do you wish to extend the Insurance to cover:

(a) Riot & Strike Yes No

(b) Loss of Profits (supplementary proposal Form to be filled) Yes No

17 Has any insurer declined to insure, refused to renew, required increased rates or Imposed special terms in connection with the Insurance of Machinery owned by you? Yes No

If "yes" please give details:.....

.....

I/We hereby confirm and agree that:

- (a) all information and particulars given are true and complete, and that no information has been withheld which might influence the Company's decision regarding this Insurance. And that I/We will accept insurance to the terms and conditions agreed with Company.
- (b) this proposal will form the basis of our contract, and that no Insurance will be force until this proposal has been accepted and the full premium paid.
- (c) if the information and particulars given cease to be true and complete I/We undertake to give immediate notice to the Company.

Signed for and on behalf of: *(Name of Insured)*

By: *(Name and Position/Title of Proposer)*

Date:

NIC No :.....

Company Reg. No :.....

S-VAT Reg. No

VAT Reg. No

Contact No :

Item	Quantity	Description of Insured Objects (Rating, continuous working capacity, KW, RPM, Safety Valve Load...etc)	Year of Make	Makers Name and Number	Sum Insured	Excess