MACHINERY BREAKDOWN INSURANCE PROPOSAL FORM

Agency/ Broker: _____ Code: _____ KRA PIN Number: _____

A. PARTICULARS OF PROPOSER

Name of Proposer – First: _____ Surname: _____ Last: _____

P.O. Box: _____ Postal Code: _____ Town: _____

Telephone Number(s): _____ Email Address: _____

ID Number/ Passport: _____ KRA PIN No. (mandatory): _____

Age (where applicable): _____ Profession/ Occupation: _____

Period of Insurance – From: _____ To: _____ (both dates inclusive)

B. INSURANCE DETAILS

1. Address of plant: _____ Nature of business: _____

   Name of chief engineer or plant manager: _____

   Nearest railway station/ airport: _____

2. Has any of the machinery to be insured previously been covered by other companies against breakdown? ☐ Yes ☐ No

   (a) If yes, which items of the specification and by what companies? _____

   (b) When is the insurance to commence? Date: _____ Time: _____

   NB: The period of insurance expires at the same date and time the following year.

3. Do you wish to insure the foundations of the machinery? Yes No

   (a) If yes, please state the relevant items of the specification: _____

4. Does the specification include all the machinery coverable under Machinery Breakdown? ☐ Yes ☐ No

   (a) If not, does the machinery to be insured represent all the machinery coverable in one plant section? ☐ Yes ☐ No

5. Do you wish the cover to include extra charges (in case of loss) for:

   (a) Express freight, overtime, night work, work on public holidays? Yes No

   (b) Air freight? ☐ Yes ☐ No

   (c) Limit of indemnity for air freight: _____ KES

Cannon General Insurance (K) Limited

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a Gateway Park, Block D, Mombasa Road, P.O. Box 30216-00100 Nairobi, Kenya
www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

6. Give details of any special extension of cover required:

_____

_____

C. SPECIFICATION OF ITEMS TO BE INSURED

Item No.	Description of Items to be Insured*	Year of Manufacture	Remarks**	Replacement Value (KES)***
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total: _____ KES

NB: * Please give a full and exact description of all machines, including name of manufacturer, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuels, pressure, temperature, etc.

NB: ** Give particulars of any part of the machine to be insured which has had a breakdown or failure during the last three years, which shows any signs of repair, or which is exposed to any special risk.

NB: *** Please state the current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches), plus freight charges, customs duties, costs of erection, and also the value of foundations if the latter are to be insured.

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D. CONSENT AND SIGNATURE

I/We consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance.

Name of Proposer: _____ Signature: _____

Date: _____

Important Notes

1. The liability of the Company does not commence until the proposal has been accepted and the full premium paid.

Click to Submit

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