

CONTRACTORS PLANT AND MACHINERY (Proposal form and questionnaire)

1. Name and address of proposer

2. Insurance

<input type="checkbox"/> On annual basis	<input type="checkbox"/> For (specify period)
State when the insurance is to commence. Date: _____ Time: _____ Period of insurance to expire at the same date and time next year.	Months _____ Years _____ Geographical scope of cover _____

3. Has there been any previous CPM insurance? Yes No

If so, which item(s) of the specification and by what Companies?

4. Have the plant and machinery to be insured partly or in total been hired? Yes No

No If so, please specify the owners name and address.

5. Are the plant and machinery highly exposed to special hazards?

<input type="checkbox"/> Fire, explosion	<input type="checkbox"/> Earthquake, volcanic activity, tsunami	<input type="checkbox"/> Employment underground
<input type="checkbox"/> Storm, cyclone	<input type="checkbox"/> Flood, inundation	<input type="checkbox"/> Employment in mountain terrain
<input type="checkbox"/> Landslide	<input type="checkbox"/> Blasting	<input type="checkbox"/> Other

6. Do you wish the cover to include extra charges for;

Overtime, night work, work on public holidays? Yes No

Limit of indemnity for such extra charges:

7. Do you wish cover to include inland transport? Yes No

If so, please specify. _____

Maximum value transported by one means of transport: _____

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will Not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at

Date

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.

Specification of Items to be Insured						
Item No.	Description of items Please give full and exact description of plant and machinery.			Year of manufacture	High exposure to special hazards: Please specify hazards of item 5 overleaf.	Replacement value: Please state 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.
	Name of manufacturer	Type and serial number	Output			
Total Sum Insured						