

_	estionnaire and Proposa chinery Insurance No	l for						
1.	Name and address of proposer							
	Address of Plant							
	Nature of Business							
	Name of Chief Engineer Or Plant Manager							
	Nearest Railway Station/ Airport / Seaport							
2.	Has any of the Machinery to be Insured previously been covered by other Companies	□ yes	□ No					
		If so, which	items of the	e specification	and by what	Companies?		
	State when the Insurance Is to commence.	Date:		Time:		Period of Insurathe same date a		
3.	Do you wish to Insure the Foundations of the Machinery	□ Yes	□ No					
		If so, please	state the rel	levant items o	of the specifica	ntion.		
4.	Does the specification include all the Machinery coverable under a Machinery	□ Yes	□ No					
	Policy?			ery to be Insu able in one P	_		□ Yes	□ No
5.	Do you wish to cover to include extra charges (in case of loss) for:	express freig	tht, overtim	e, night work	, work on Pub	lic Holidays?	□ Yes	□ No
		Air Freight?		\square Yes	\square No			
6.	Give details of any Special extension of cover required.	Limit of Inde	emnity for A	Air Freight:				



7. Loss Record

Date of Loss	Nature of Loss	Amount

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 Company 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 Company undertake to deal with this information in strict confidence.

Executed at

this

day of

Signature



Specification of Items to be Insured

Item No.	Description of Items Please give full and exact description of all Machines, including name of Manufacturer, Type, Output, Capacity, Speed, Load, Weight, Voltage, Amperage, cycles, Fuel, Pressure, Temperature, etc.	Year of Manufacture	Remarks Give particulars of any part of the Machinery 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.	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 and also Value of Foundations, if the latter are to be insured.