



Contractors' Plant and Machinery Insurance Application Form

1. Name and address of proposer			
2. Insurance	<input type="checkbox"/> On annual basis		
	<input type="checkbox"/> For Months/ Years (specify period)		
	Geographical scope of cover		
3. Has there been any previous CPM Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, for 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, please specify the owner's 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"/> Storm, cyclone <input type="checkbox"/> Flood, inundation		
	<input type="checkbox"/> Landslide <input type="checkbox"/> Blasting		
	<input type="checkbox"/> Employment in mountainous terrain <input type="checkbox"/> Employment underground		
	<input type="checkbox"/> Other		
6. Do you wish the cover to include extra charges for	Overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Limit of indemnity for such extra charges:		
7. Do you wish the cover to include inland transport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, please specify
	Maximum value transported by one means of transport:		
8. Are there any previous losses?	(If Yes please provide loss history details) <input type="checkbox"/> Yes <input type="checkbox"/> No		



Specification of Plant and Machinery to be Insured

Item No.	Description of Items Please give full and exact description of all 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				

We hereby declare that the statements made by us in this Application form are, to the best of our knowledge and belief, complete and true, and we hereby agree that this application forms the basis and is part of any Policy issued in connection with the above risk. It is agreed that the Insurer is liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurer undertakes to deal with this information in strict confidence.

Executed at: _____ Date _____ Signature _____