



MACHINERY INSURANCE APPLICATION FORM

1. General Information

(a) Name and Address of Proposer

| | |
|---|----------------------|
| <input type="text"/> | |
| Address of Plant: | <input type="text"/> |
| Nature of Business | <input type="text"/> |
| Name of Chief Engineer or Plant Manager | <input type="text"/> |
| Nearest Railway Station/Airport: | <input type="text"/> |
| <input type="text"/> | |

2. Has any of the equipment to be insured previously been covered by other insurance companies?

Yes No

If so, which items of the specification and by which companies?

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

State when the Insurance is to commence.

| | |
|-------|----------------------|
| Date: | <input type="text"/> |
| Time: | <input type="text"/> |

Period of Insurance to expire at the same date and time next year

| | |
|-------|----------------------|
| From: | <input type="text"/> |
| To: | <input type="text"/> |

3. Do you wish to insure the Foundation of the machinery?

Yes No

If so, please state the relevant items of the specification.

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

4. Does the specification include all the machinery coverable under a Machinery Policy?

Yes No

Provide details.

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

If not, does the machinery to be insured represent all the machinery coverable in one plant section?

Yes No



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

Express freight, overtime, night work, work on public holidays?

Yes No

Air freight?

Yes No

Limit of indemnity for air freight:

6. Give details of any special Extension of cover required.

7. Are there any previous losses?

Yes No

If yes, please provide loss history details:

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge, 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 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: _____



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| 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 and shows any signs of repair, or which is exposed to any special risk. | Replacement Value Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, custom duties, costs of erection, package material. |
| | | | | |
| TOTAL SUM INSURED | | | | |