



Form. No. : F-UW-11 Machinery Insurance

Rev. No. 00

Rev. Date
10th July
2015

Questionnaire and proposal for

Machinery Insurance NO

1. Name and address

Of proposer _____

Postal Address _____

Physical Location _____

Email Address _____

Telephone number _____

Mobile number _____

PIN Number _____

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

yes no

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

State when the insurance is to commence

Date

Time:

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

3. Do you wish to insure the foundations of the machinery? yes no

If so, please state the relevant items of the specification


4. Does the specification include all the machinery coverable under a machinery policy? yes no

If not, does the machinery to be insured represent yes no

All the machinery coverable in one plant section?

5. Do you wish the cover to extra charges (in case of loss) for: Express freight. overtime. night work. on public holidays? Yes no

air freight? Yes no

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Limit of indemnity for air freight:

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

7. Please state the source of funds for payment of premium for this policy:

We hereby declare that the statement 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



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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 manuf acture	Remarks Give particular of any part to be inured 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