

Station of items to be insured

DESCRIPTION OF ITEMS

Please give full and exact description of all machinery, including name, manufacturer, job, output capacity, pressure, temperature, speed, load, weight, voltage, sub-station, cycles, etc.

ISSUING OFFICE

**Questionnaire and Proposal for Machinery Breakdown Insurance**

1. Name and address of proposer	<hr/>		
Address of plant	<hr/>		
Nature of business	<hr/>		
Name of chief engineer or plant manager	<hr/>		
Nearest railway station/ airport	<hr/>		
2. Has any of the machinery to be insured previously been covered by other companies against breakdown?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
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?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
4. Does the specification include all the machinery coverable under Machinery Breakdown ?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If not does the machinery to be insured represent all the machinery coverable in one plant section ? <input type="checkbox"/> yes <input type="checkbox"/> no
5. Do you wish the cover to include extra charges (in case of loss) for :	Express freight, overtime, night work, work on public holidays? <input type="checkbox"/> yes <input type="checkbox"/> no		
6. Give details of any special extension of cover required.	Air freight ? <input type="checkbox"/> yes <input type="checkbox"/> no		
Limit of indemnity for air freight :	<hr/>		

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 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.

Execute at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_  
Signature





**Specification of Items to be Insured**

Item No.	DESCRIPTION OF ITEMS	
	<p>Questionnaire and Proposal for Machinery Breakdown Insurance</p>	<p>Please give full and exact description of all machines, including name of manufacture, type, output capacity, speed, load, weight, voltage amperage, cycles, fuel, pressure temperature etc.</p>
		<p>Year of manufacture</p>
		<p><b>REMARKS</b> 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.</p>
		<p><b>REPLACEMENT VALUE</b> 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.</p>
		<p>Limit of indemnity for air freight :</p>
		<p>Express freight overtime, night work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>It not does the machinery to be insured represent all the machinery coverable in one plant section? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>If so, please state the relevant items of the specification.</p>
		<p>Do you wish to insure the foundations of the machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>Has the machinery to be insured been covered by other insurances against breakdowns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>It so, which items of the specification and by what companies?</p>
		<p>Date : _____ Time : _____ Period of insurance to expire at the same date and time next year.</p>
		<p>Do you wish to cover to include extra charges (in case of loss) for : _____</p>
		<p>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).</p>
		<p>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.</p>
		<p>The insurers undertake to deal with this information in strict confidence.</p>
		<p>Signature _____ day of _____ 19 _____</p>