

PROPOSAL FORM MACHINERY INSURANCE

1	Name of Proposer :		
	Address :		
	Address of plant :		
2	Nature of Business :		
3	Period of Insurance :	From : <input style="width: 100px;" type="text"/>	To: <input style="width: 100px;" type="text"/>
4	Do you wish to insure the foundations of the machinery? :	YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>
	If so, please give description :		
	Sum to be insured :	QR <input style="width: 150px;" type="text"/>	
5	Does the specification include all the machinery coverable under a Machinery policy? :	YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>
	If No, please give reason :		
6	Do you wish the cover to include extra charges (in case of loss) for :		
	a) Express Freight, Overtime, Night Work, Work on Public Holidays? :	YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>
	b) Air freight? :	YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>
	Limit of indemnity for (b) i.e. air freight :	QR <input style="width: 150px;" type="text"/>	
7	Details of machinery to be covered <i>(Please complete specification attached)</i>		
8	Are Machinery Parts available in the local market? :	YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>
9	Do you have stock of essential parts for emergency repairs? :	YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>
10	Claim experience during the last 3 years :		

We hereby declare that the statements made by us in this Proposal are, to be best of our knowledge and belief, complete and true, and we hereby agree that this Proposal forms the basis and is part of any policy issued in connection with the proposed risk(s).

Place:

Date : Signature of the Insured:

SPECIFICATION OF ITEMS TO BE INSURED

1	Description of Item	<input style="width: 100%;" type="text"/>								
	Year of Manufacture	<input style="width: 50px;" type="text"/>	Name of Manufacturer	<input style="width: 90%;" type="text"/>						
	Type	<input style="width: 100px;" type="text"/>	Output	<input style="width: 80px;" type="text"/>	Capacity	<input style="width: 80px;" type="text"/>	Speed	<input style="width: 80px;" type="text"/>		
	Load	<input style="width: 100px;" type="text"/>	Weight	<input style="width: 80px;" type="text"/>	Voltage	<input style="width: 80px;" type="text"/>	Amperage	<input style="width: 80px;" type="text"/>		
	Cycles	<input style="width: 100px;" type="text"/>	Fuel	<input style="width: 80px;" type="text"/>	Pressure	<input style="width: 80px;" type="text"/>	Temperature	<input style="width: 80px;" type="text"/>		
	Remarks*	<input style="width: 100%; height: 40px;" type="text"/>								
	Replacement Value ** QR								<input style="width: 150px;" type="text"/>	
2	Description of Item	<input style="width: 100%;" type="text"/>								
	Year of Manufacture	<input style="width: 50px;" type="text"/>	Name of Manufacturer	<input style="width: 90%;" type="text"/>						
	Type	<input style="width: 100px;" type="text"/>	Output	<input style="width: 80px;" type="text"/>	Capacity	<input style="width: 80px;" type="text"/>	Speed	<input style="width: 80px;" type="text"/>		
	Load	<input style="width: 100px;" type="text"/>	Weight	<input style="width: 80px;" type="text"/>	Voltage	<input style="width: 80px;" type="text"/>	Amperage	<input style="width: 80px;" type="text"/>		
	Cycles	<input style="width: 100px;" type="text"/>	Fuel	<input style="width: 80px;" type="text"/>	Pressure	<input style="width: 80px;" type="text"/>	Temperature	<input style="width: 80px;" type="text"/>		
	Remarks*	<input style="width: 100%; height: 40px;" type="text"/>								
	Replacement Value ** QR								<input style="width: 150px;" type="text"/>	
3	Description of Item	<input style="width: 100%;" type="text"/>								
	Year of Manufacture	<input style="width: 50px;" type="text"/>	Name of Manufacturer	<input style="width: 90%;" type="text"/>						
	Type	<input style="width: 100px;" type="text"/>	Output	<input style="width: 80px;" type="text"/>	Capacity	<input style="width: 80px;" type="text"/>	Speed	<input style="width: 80px;" type="text"/>		
	Load	<input style="width: 100px;" type="text"/>	Weight	<input style="width: 80px;" type="text"/>	Voltage	<input style="width: 80px;" type="text"/>	Amperage	<input style="width: 80px;" type="text"/>		
	Cycles	<input style="width: 100px;" type="text"/>	Fuel	<input style="width: 80px;" type="text"/>	Pressure	<input style="width: 80px;" type="text"/>	Temperature	<input style="width: 80px;" type="text"/>		
	Remarks*	<input style="width: 100%; height: 40px;" type="text"/>								
	Replacement Value ** QR								<input style="width: 150px;" type="text"/>	

4	Description of Item	<input style="width: 100%;" type="text"/>						
	Year of Manufacture	<input style="width: 40px;" type="text"/>	Name of Manufacturer	<input style="width: 100%;" type="text"/>				
	Type	<input style="width: 100px;" type="text"/>	Output	<input style="width: 60px;" type="text"/>	Capacity	<input style="width: 60px;" type="text"/>	Speed	<input style="width: 60px;" type="text"/>
	Load	<input style="width: 100px;" type="text"/>	Weight	<input style="width: 60px;" type="text"/>	Voltage	<input style="width: 60px;" type="text"/>	Amperage	<input style="width: 60px;" type="text"/>
	Cycles	<input style="width: 100px;" type="text"/>	Fuel	<input style="width: 60px;" type="text"/>	Pressure	<input style="width: 60px;" type="text"/>	Temperature	<input style="width: 60px;" type="text"/>
	Remarks*	<input style="width: 100%; height: 40px;" type="text"/>						
Replacement Value ** QR							<input style="width: 100px;" type="text"/>	
5	Description of Item	<input style="width: 100%;" type="text"/>						
	Year of Manufacture	<input style="width: 40px;" type="text"/>	Name of Manufacturer	<input style="width: 100%;" type="text"/>				
	Type	<input style="width: 100px;" type="text"/>	Output	<input style="width: 60px;" type="text"/>	Capacity	<input style="width: 60px;" type="text"/>	Speed	<input style="width: 60px;" type="text"/>
	Load	<input style="width: 100px;" type="text"/>	Weight	<input style="width: 60px;" type="text"/>	Voltage	<input style="width: 60px;" type="text"/>	Amperage	<input style="width: 60px;" type="text"/>
	Cycles	<input style="width: 100px;" type="text"/>	Fuel	<input style="width: 60px;" type="text"/>	Pressure	<input style="width: 60px;" type="text"/>	Temperature	<input style="width: 60px;" type="text"/>
	Remarks*	<input style="width: 100%; height: 40px;" type="text"/>						
Replacement Value ** QR							<input style="width: 100px;" type="text"/>	
Total of Replacement Value QR							<input style="width: 100px;" type="text"/>	

* Give particulars of any part of the machinery to be insured which has had a break-down or failure during the last three years, which shows any signs of repair or which is exposed to any special risk.

** Please state current cost of replacing the 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.