



MACHINERY INSURANCE APPLICATION FORM

1. Name and address of Proposer: Principal Address Wasel Address Landline/Mobile/Fax Email address Commercial registration no. When established 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No If so, which items of the specification and by what companies? <hr/> <hr/> <hr/>	
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 If so, please state the relevant items of the specification. <hr/>	
4. Does the specification include all the machinery coverable under a Machinery policy?		<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? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
5. Do you wish the cover to include extra charges (in case of loss) for: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> express freight, overtime, night work, work on public holidays? </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Air freight?</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div style="margin-top: 10px;"> Limit of indemnity for air freight: </div>			
6. Give details of any special extension of cover required such as <ul style="list-style-type: none"> Strike, Riot and Civil Commotion Overtime, Night Work and Express Freight Airfreight 			

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السعودي المركزي البنك قبل من والرقابة للإشراف تخضع ، التأمين نشاط في تعمل مساهمة سعودية شركة

A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

مليون 300 المال رأس 7001727200 هـ.جـ: 20129/33 ن ت م رقم السعودي المركزي البنك تصريح
SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

الإدارة العامة / الرياض 643 ب.ص: الرياض 11421 هاتف 920008424 فاكس 966.11.2129444
Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

21 الدور ، الثاني العنود برج العليا فهد الملك طريق 9033 :العامة الإدارة : الوطني العنوان / السعودية العربية المملكة 12214 الرياض
 National Address: Head Office: 9033, Al Anoud Building, Tower 2 , 21st floor, King Fahd Rd, Al Olaya, Riyadh 12214 , Saudi Arabia



7. Are there any previous losses for the past five years? (If Yes please provide loss history details)
☐ Yes ☐ No

Were you denied insurance by any insurance company in the past or was your policy cancelled by any insurance company or denied renewal?

Are there any material facts you want to declare?

Material Facts

Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.

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 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 descriptions 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, which shows any signs of repair, or which is exposed to any special risk.	Replacement Value (SAR) 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

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Total Sum Insured				SAR

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