

CONTRACTORS PLANT AND MACHINERY /PLANT ALL RISKS (PROPOSAL FORM AND QUESTIONNAIRE)

1. Name and address of proposer

2. Insurance

On annual basis	<input type="checkbox"/> For (specify period)
State when the insurance is to commence.	Months _____
Date: _____	Years _____
Time: _____	Geographical scope of cover _____
Period of insurance to expire at the same date and time next year.	

3. Has there been any previous CMP insurance? ☐ Yes ☐ No
If so, which item(s) of the specification and by what Companies?

4. Have the plant and machinery to be insured partly or in total been hired? ☐ Yes ☐ No
If so, please specify the owners name and address.

5. Are the plant and machinery highly exposed to special hazards?

- ☐ Fire, explosion ☐ Earthquake, volcanic activity, tsunami ☐ Employment underground
☐ storm, cyclone ☐ Flood, inundation ☐ Employment in mountain terrain
☐ Landslide ☐ Blasting ☐ Other

6. Do you wish the cover to include extra charges for;
Overtime, night work, work on public holidays? ☐ Yes ☐ No
Limit of indemnity for such extra charges:

7. Do you wish cover to include inland transport? ☐ Yes ☐ No
If so, please specify
Maximum value transported by one means of transport:

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 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

Specification of Items to be Insured							
Item No.	Description of items Please give full and exact description of plant and machinery			Year of Manufacture	High exposure to special hazards: please specify hazards of item 5 overleaf.	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 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.
	Name of Manufacturer	Type and serial number	Output				
Total Sum Insured							