

**Questionnaire and Proposal for
Machinery Insurance No**

1. Name and address of proposer _____
 Address of Plant _____
 Nature of Business _____
 Name of Chief Engineer Or Plant Manager _____
 Nearest Railway Station/ Airport / Seaport _____

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 what 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 all the Machinery coverable in one Plant Section? Yes No

5. Do you wish to cover to include extra charges (in case of loss) for: express freight, overtime, night work, work on Public Holidays? Yes No
 Air Freight? Yes No
 Limit of Indemnity for Air Freight: _____

6. Give details of any Special extension of cover required. _____

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

this

day of

Signature