



Questionnaire and Proposal for
Machinery All Risks Insurance No.

1 Name and address of proposer			
Address or plant			
Nature of business			
Name of chief engineer or plant manager			
Nearest railway station/ airport			
Name and address of cold-storage house			
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?			
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?			
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? <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			
air freight?			
Limit of indemnity for air freight:			
6 Give details of any special extension of cover			

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our belief, completely and true,

and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued on 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.	Qty	Description of items: Please give full and exact description 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: Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in case of transformers and switches) plus freight charges, customs duties, cost of erection and also value of foundation, if the latter are to be insured.
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