



PROPOSAL FOR CONTRACTOR'S PLANT & MACHINERY INSURANCE

(The Liability of the Company does not commence until this Proposal has been accepted by the Company)

Put a tick mark wherever applicable

- (a) Proposer's Name _____
- (b) Proposer's Trade or Business _____
- (c) Proposer's registration no: _____
- (c) Proposer Address _____
- (d) Location of Operation (site of property to insured) _____
(if machineries are at more than one location mention all locations)
- (e) Are machineries working underground: Yes No
- (f) Are machineries highly exposed to fire and explosion? Yes No
- (g) Are machineries highly exposed to AOG perils: Yes No
- (h) Nearest Railway Station/Air port and Distance _____

1. Do the items listed represent the entire machinery used by you at the above location Yes No

2. (a) Are you at present Insured: Yes No
(b) If so, with whom?

3. Has any Company

(a) Declined to insure any of the machinery now applied? Yes No

(b) Required an increased premium or imposed special conditions? Yes No

(c) Requested for repairs or made other special stipulations for risk improvement? Yes No

4. (a) Are you aware of any defects/damage existing in the machinery. Yes No
(b) If so, give details there of _____

5. Do you own or use any equipment other than that described above working on the same site?

6. Is any of the equipment now applied? Yes No

(a) Licensed for road use? If so, give details _____

(b) Covered by any other insurance? If so give details _____

7. (a) Are you the owner of the Proposal equipment ? Yes No
If yes will you be hiring out? _____

(b) If the equipment is hired;

(i) is insurance you responsibility ? _____

(ii) Is maintenance and operation your responsibility? _____

8. Are the premises where the equipment operates well guarded?

Yes No

9. (a) What is the site condition where the equipment will be utilized ? _____

(b) Are the equipment likely to operate on reclaimed or soft ground?

Yes No

(c) Are ground conditions such that equipment are exposed to the risk of toppling over? Yes No

If so, give details?

(d) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? Yes No

If so, give details and safety precautions taken. _____

10. Will equipment belonging to other contractors operate on the same site?

11. Do you have trained and qualified operators? Are there any statutory rules governing the appointment?

12. Which of the equipments are required to inspected and certified for operation by statutory rules ?

13. (a) Has your machinery sustained any damage from break down or other cause during last 3 year? Yes No

(b) If so give details of damage/s and Repairing cost

14. (a) Are regular periodical inspections of the machinery carried out?

Yes No

(b) If so, by whom and at what intervals?

15. On payment of additional premium do you wish to cover :-

Yes No

(If yes, provide limits of indemnity)

a) Limit of indemnity for third party damage:

(i) Limit of indemnity for any person _____

(II) Limit of indemnity for any one accident: _____

(III) Limit of indemnity for year: _____

(IV) Limit of indemnity for property damage: _____

b) Clearance and removal of debris SR _____

c) Owners surrounding property SR _____

d) AOG perils SR _____

e) Express freight (excluding Airfreight) overtime and Holiday rates of wages SR _____

f) Air freight SR _____

16. Period of Insurance:

From _____ To _____

SCHEDULE OF MACHINERY TO BE INSURED

GUIDE NOTES:

- I. Each Machinery should be entered separately with necessary specifications as mentioned in Schedule Column No. 3
- II. The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection cost customs duty, etc. to afford full protection under this Policy.
- III. If any of the Machines is a 'Stand By' this fact should be mentioned.
- IV. All portable Machines must be so designated. All items in the open must be so described separately.

Sr. No.	Quantity	Description Type,Model,Capacity of Machine/ Serial No.HP/KVA Volts,AMPS,RPM	Maker's Name and Country of Origin	Year of Make	Sum Insured
1	2	3	4	5	6

I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Saudi Indian company for cooperative insurance..

I/We have understood the terms and condition of the Policy contract which I/We are entering into, as explained by the Company's representative.

Place: _____

Dated: _____

Proposer's Signature _____

Agent / Broker name :

Code number :