

# Contractor's Plant & Machinery Application form



## APPLICANT INFORMATION

1. Name of applicant: -----		
<i>First</i>	<i>Middle/Father's</i>	<i>Last</i>
2. Address: -----		
3. Type of Business: -----		
4. Address of plant: -----		
5. Requested period of insurance:	From: -----/-----/-----	To: -----/-----/-----
Geographical coverage -----		

## QUESTIONNAIRE & DESCRIPTION OF THE RISK

1. Has any of the machinery to be insured previously been covered by other insurance companies?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, which items of the specification & by which company? -----
2. Are the plant and machinery highly exposed to special hazards?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please state the relevant items	<input type="checkbox"/> <b>Fire , Explosion</b>	<input type="checkbox"/> <b>Earthquake, Volcanic activity, Tsunami</b>
	<input type="checkbox"/> <b>Storm, Cyclone</b>	<input type="checkbox"/> <b>Employment in mountainous terrain</b>
	<input type="checkbox"/> <b>Blasting</b>	<input type="checkbox"/> <b>Landslide</b>
	<input type="checkbox"/> <b>Flood, inundation</b>	<input type="checkbox"/> <b>Employment underground</b>
4. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Limit of indemnity for Air freight:	-----	
5. Do you wish to include inland transit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## STATEMENT

We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my 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.  
It is agreed that the insurers are liable in the terms of this 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.

Name: ----- Date: -----/-----/-----

Signature:  
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