

1. Name of Insured & PIN No: Address of Insured: Telephone number: Address of plant: Nature of business: Name of chief engineer or plant manager: Nearest railway station/airport:	<hr/>
2. When did the material loss or damage occur? When was first notice of loss or damage given to the MLOP insurer?	Date: _____ Time: _____ Date: _____ Time: _____ <input type="checkbox"/> Direct to the company by telephone/mobile <input type="checkbox"/> Through agent/broker
3. Damaged item ² MLOP insurance data	<hr/> <hr/> Item No. in the list of machinery _____ Sum insured _____ Period of indemnity _____ Months _____ Time excess _____ Factor of relative importance _____ %
4. Business Interruption	Commencement Date: _____ Commencement Time: _____ Probable Duration: _____ What percentage of the sum insured is affected? _____ %
5. Minimizing of loss of profits Is it possible to reduce the period required for repair by using spare parts in stock or by applying other measures? What other action is being taken to minimize the loss? (e.g. shifting of production, use of reserve machinery or power from outside sources, renting of machinery, working extra shifts)	Is provisional repair possible? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long will it take? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give details _____ <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

¹For information on the material loss or damage, please attach completed form "Notification of loss or Damage for Machinery Insurance"

²if more than one scheduled item is affected, please complete one form per item

6. Cost of Interruption	Estimated loss, exclusive of costs for minimizing same _____ Estimated costs for minimizing the loss _____
7. Is it possible to compensate for the loss of production by increased plant utilization after the interruption is over?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, to what extent? _____ _____ _____ _____ _____
8. Spoilage	Will the interruption cause a spoilage loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which goods will be affected and to what extent? _____ _____ _____ What measures to prevent or minimise the loss have been taken? _____ _____ _____
9. Power supply failure	Was the loss of profits or spoilage loss due to a failure of the public power supply? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please state the duration of the failure. _____
10. Working periods	Number of days per year on which the plant is in operation _____ days Normal working hours _____ Commencement and length of works holidays _____ Date of next proposed overhaul _____ Number of working hours at the sate of the loss _____
11. Has any other LOP insurance been concluded with another insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please state insurer(s) and policy No.(s) _____ _____ _____

The undersigned insured declares that the above answers in every respect are conscientiously true and correct.

Executed at this _____ day of _____ 20 _____

Name: _____

Signature: _____ Date: _____