

1. Name of Insured PIN No: Address of Insured: Physical Address Telephone number:	_____ _____ _____ Postal Code: _____ Town: _____ Bldg: _____ Floor: _____ Street: _____ _____ Mobile Phone: _____ Fax No.: _____
2. Insurance	On annual basis _____ For _____ Months/ _____ Years (specify period) Geographical scope of cover _____
3. Has there been any previous CPM insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, for which item(s) of the specification and by what companies _____ _____
4. Have the plant and machinery to be insured (partly or in total) been hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify the owner's name and address _____ _____
5. Are the plant and machinery highly exposed to special hazards?	Fire, explosion _____ Earthquake, volcanic activity, tsunami _____ Storm, cyclone _____ Flood, inundation _____ Landslide _____ Blasting _____ Employment in mountainous terrain _____ Employment underground _____ Other _____
6. Do you wish the cover to include extra charges for	Overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Limit of indemnity for such extra charges: _____
7. Do you wish the cover to include inland transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify _____ Maximum value transported by one means of transport _____

I/ We declare and warrant that the above answers/information in every respect are true and correct and I/We have not withheld any information likely to affect the acceptance of this proposal.

Executed at this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

