



Questionnaire and Proposal for
MACHINERY BREAKDOWN INSURANCE

COVER: Sudden and unforeseen damage to machinery whilst at rest or work, dismantling/erection for inspection or repair. Excluding risks normally covered under a standard fire peril policy but including General Damage and resultant damage.

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. Has any of the machinery to be insured been covered by other companies previously? State when the insurance is to commence	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, which items of the specification and by which companies? _____ _____ _____ _____ 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? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you wish the cover to include extra charges (in case of loss) for:	Express freight, overtime, night work, work on public holiday? Y <input type="checkbox"/> N <input type="checkbox"/> _____ Air freight? <input type="checkbox"/> es <input type="checkbox"/> Limit of indemnity for air freight: _____
6. Give details of any special extension of cover required	_____ _____ _____

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:

