

**Questionnaire and Proposal for Contractors' Plant and Machinery (CPM) Insurance No.**

**Guidelines to Fill the Form**

1. Please use BLOCK CAPITALS and tick YES or NO where appropriate and initial any amendments.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A". We will take unanswered question as *No*.
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (v) mark wherever applicable.
4. Kindly contact the Company's Office or authorized representative for any doubts or clarifications on the proposal form.
5. The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid or agreed to be paid.

1 Name and address of Proposer

2 Insurance

On annual basis

For \_\_\_\_\_ Months/ \_\_\_\_\_ Years (Specify Period)

Geographical scope of cover

3 Has there been any previous CPM insurance

Yes

No

If so, for which item(s) of specification and by what companies.

4 Have the plant and machinery To be insured (partly or in total) been hired ?

Yes

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

	<input type="checkbox"/> Landslide	<input type="checkbox"/> Blasting
	<input type="checkbox"/> Employment in mountainous terrain	<input type="checkbox"/> Employment underground
	<input type="checkbox"/> Others	
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.	

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our belief, completely and true,

and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued on connection with the above risk(s).

It is agreed that the Insurers are liable in accordance with the terms of the 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.

Executed at

Date

Signature

### Specification of Items to be Insured

Item No.	Description of items: Please give full and exact description of all plant and machinery.  Name of manufacturer      Type and serial number      Output	Year of manufacture	High exposure to special hazard  Please specify hazards of item 5 Overleaf.	Replacement value  Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, cost of erection
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