

Questionnaire and Proposal for Machinery Breakdown (MBD) 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

Address of Plant

Nature of Business

Name of chief engineer or plant
manager

Nearest railway station/airport

Name and address of cold-storage
house

2 Has any of the machinery
to be insured previously been
covered by other companies?

Yes

No

If so, which items of the specification and by what companies?

State when the insurance is

to commence.	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Do you wish the cover to include extra charges (in case of loss) for:	If not, does the machinery to be insured represent all the machinery coverable in one plant section?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	air freight?		
	Limit of indemnity for air freight:		
6 Give details of any special extension of cover required			

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.	Qty	Description of items: Please give full and exact description of all machines, including name of manufacturer, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature, etc	Year of manufacture	Remarks: Give particulars of any part of the machinery to be insured which has had a breakdown or failure during the last three years, which shows any signs of repair, or which is exposed to any special risk.	Replacement value: Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in case of transformers and switches) plus freight charges, customs duties, cost of erection and also value of foundation, if the latter are to be insured.
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