

11. a) What is the site condition where the equipment will be utilized?		
b) Are the equipment likely to operate on reclaimed or soft ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Do you wish to cover equipments that are likely to operate underground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Are ground condition such that equipment are exposed to the risk of toppling over?		
If so, give details?		
e) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities?		
If so, give detail and safety precautions taken.		
12. Will equipment belonging to other contractors operate on the same site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you have trained and qualified operators? Are there any statutory rules governing the appointment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Which of the equipments are required to be inspected and certified for operation by statutory rules?		
15. a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) If so, give details of damage/s and Repairing cost		
16. a) Is regular periodical inspection of the machinery carried out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) If so, by whom and at what intervals?		
17. Is any plant and machinery proposed for insurance located on barges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details		
18. On payment of additional premium do you wish to cover -		
If Yes, provide limits of indemnity -		
a) Express Freight (excluding Airfreight), overtime and Holiday rates of wages	Rs._____	<input type="checkbox"/> No
b) Air Freight	Rs._____	<input type="checkbox"/> No
c) Owners surrounding property	Rs._____	<input type="checkbox"/> No
d) Clearance & Removal of Debris	Rs._____	<input type="checkbox"/> No
e) Additional Custom Duty	Rs._____	<input type="checkbox"/> No
f) Escalation	Rs._____	<input type="checkbox"/> No
g) Third Party Liability -		
i) For any one accident	Rs. _____	
ii) For all accident during the period	Rs. _____	
19. Do you wish to opt out of EQ Cover (for Zone I and Zone II)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Do you wish to opt for higher deductibles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes PI specify.....		

