



MACHINERY LOSS OF PROFITS INSURANCE - PROPOSAL FORM

SECTION I

1

Name of Proposer

Address of Proposer

City

State

Tel No

STD Code

Mobile

Pin Code

Fax No's

2

Nature of Business

3

Nature of Business

4

Do you wish to cover the risk of Loss of Profits arising from Breakdown of Machinery in your premises. Please fill in data in annexure A

Yes

No

5

Do you wish to cover the risk of Loss of Profits arising from Explosion of Boiler and Pressure Plant in your premises? Please fill in data in annexure A

Yes

No

6

Is the plant and Machinery specified in Schedule insured against material damage risk ie breakdown and/or explosion?

Yes

No

If yes, please state

a) Name of the Insurer

b) Title of the Policy

c) Policy Nos.

d) Period(s) of Insurance

7

Are the lists of the Machinery in Schedule A and B representing the whole or only a part of the Machinery in the premises?

Whole

Part

8

Are all your Machineries subject to periodical inspection?

Yes

No

8a

If yes, state by whom and at what intervals inspections are carried out. Supply details of your maintenance Schedule.

9

In the event of stoppage of any of the machines proposed for insurance

9a

Can machines, which remain in operation, carry the load originally borne by the machine, which has failed?

Yes

No

9b

Are there any alternative means of maintaining production by

i) the work being done at other premises

If yes, to what extent?

ii) hiring temporarily suitable replacement machine

iii) by any other means

10

Are any of the machines described in the schedule de-rated?

Yes

No

If yes please give details

11

State repair facilities available in regard to machinery specified in Schedule

11a

In your own premises

11b

Any other nearest place

12

Which machines proposed under this insurance are the machines for which the spare parts would need to be imported?

13

State the estimated period of interruption affecting resumption of normal production, on account of spoilage of materials in process following a breakdown or failure of utility supplies.

14

What are your normal working hours?

Hrs Per Day

Days A Week

Days A Year

15

Can extra shifts be worked to make up production loss?

Yes

No

16

Have you ever suffered Loss of Profit following Machinery Breakdown and/or Boiler Explosion?

Yes

No

16a

If so give details of the cause, duration and loss suffered in each stoppage, during the last three years.

17

If the business is 'Seasonal' indicate the period of high and lowout put or turnover and indicate the degree of fluctuation. State if there is a tendency of fluctuations due to demands.

18

Indemnity Period Chosen (max 12 months) in months

Note

1. The Indemnity period should be selected based on an estimate of the Maximum time, which would be required to resume normal production after a serious accident.

2. Different periods can be selected for different items.

19

Time Exclusion opted

7 days

14 days

21 days

30 days

45 days

60 days

20

INSURED STANDING CHARGES - Please indicate charges to be insured - delete or supplement as appropriate

20a

Interest on Debentures Motor Upkeep and Licenses

20b

Mortgages, Loans and Lighting, Heating Power and Bank Overdrafts

20c

Water Charges

20d

Directors' Fees and Office Expenses

20e

Remuneration

20f

Rents and Rates

20g

Salaries including State Insurance Contribution

