

## QUESTIONNAIRE AND PROPOSAL FOR CONTRACTORS' PLANT AND MACHINERY (CPM) INSURANCE

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 the 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 there plant and machinery highly exposed to special hazards?  
Fire, Explosion  Earthquake, Volcanic Activity, Tsunami  Storm, Cyclone  Flood, Inundation   
Landslide  Blasting  Employment in Mountainous Terrain  Employment Underground  Other

6. Do you wish the cover to include extra charges for:  
Overtime, night work, work on public holidays? Yes  No   
Limit of indemnity for such extra charges:

7. Do you wish the cover to include inland transport? Yes  No   
If so, please specify:   
Maximum value transported by one means of transport:

### DECLARATION

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete. And true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk. 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

DATED AT  THIS  DAY OF  20

Signature:

**SPECIFICATION OF PLANT AND MACHINERY TO BE INSURED**

ITEM NO.	DESCRIPTION OF ITEMS <small>Please give full and exact description of all plant and machinery</small>			YEAR OF MANUFACTURE	HIGH EXPOSURE TO SPECIAL HAZARDS <small>Please specify hazards of item 5 overleaf.</small>	REPLACEMENT OF VALUE <small>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, costs of erection.</small>
	Name of Manufacturer	Type and Serial Number	Output			
<b>Total Sum Insured</b>						