



# UNITED INDIA INSURANCE COMPANY LIMITED

## PROPOSAL FOR MACHINERY INSURANCE

(The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid).

(Information given herein will be treated in strict confidence).

i) PUT A (✓) TICK MARK WHEREVER APPLICABLE

a) Proposer's Name	_____
b) Proposer's Trade or Business	_____
c) Proposer's Postal Address	_____
d) Address where plant to be insured is located.	_____
e) Nearest Railway station and distance	_____

1.	Do the items listed represent the whole of the plant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.	a) Are you at present Insured	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) If so, with whom?	b) _____			
3.	Has any Company -				
	a) declined to insure any of the machinery now proposed ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) required an increased premium or imposed special conditions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

	c)	requested for repairs or made other special stipulations for risk improvement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.	a)	Are you aware of any defects/damages existing in the machinery?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b)	If so, give details thereof	b)			
5.	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.	b)			
6.	a)	Are regular periodical inspections of the machinery carried out?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b)	If so, by whom and at what intervals?	b)			
7.		On payment of additional premium do you wish to cover the following?	If yes, provide limits of indemnity			
	a)	Escalation Amount/percentage	Rs. _____	<input type="checkbox"/>	No	
			Or %age _____			
	b)	Express Freight (excluding Air Freight), Overtime and Holiday rates of Wages.	Rs. _____	<input type="checkbox"/>	No	
	c)	Air Freight	Rs. _____	<input type="checkbox"/>	No	
	d)	Owners surrounding property	Rs. _____	<input type="checkbox"/>	No	
	e)	Third Party Liability	e) _____	<input type="checkbox"/>	No	
		- AOA	Rs. _____	<input type="checkbox"/>	No	
		- AOY	Rs. _____	<input type="checkbox"/>	No	
	f)	Additional Customs Duty	Rs. _____	<input type="checkbox"/>	No	
8.		Period of Insurance	From	To		

**SCHEDULE OF MACHINERY TO BE INSURED –**

- a) Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No.3
- b) The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this Policy.
- c) If any of the Machinery is a `stand by' this fact should be mentioned.
- d) All portable Machinery must be so designated. All items in the open must be so described separately.
- e) Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required.

<b>S. No.</b>	<b>Quantity</b>	<b>Description, type, Model, Capacity of Machines/Sr. Nos/HP/kVA Volts, Amps, RPM</b>	<b>Maker's Name and Country of origin.</b>	<b>Year of Make</b>	<b>Sum Insured</b>
(1)	(2)	(3)	(4)	(5)	(6)

I/We, the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

Place \_\_\_\_\_

Date \_\_\_\_\_

Proposer's Signature \_\_\_\_\_