



orient

Orient Insurance Limited 133, New Bullers Road, Colombo 04, Sri Lanka. Tel: +94 11 2030300 Fax: +94 11 2555589
Company Registration No: PB 4720

Questionnaire and Proposal for Contractors' Plant and Machinery (CPM) Insurance No

1. Name and address of proposer	<hr/>		
2. Insurance	<input type="checkbox"/> On annual basis <hr/> <input type="checkbox"/> For months/ years (specify period) <hr/> Geographical scope of cover		
3. Has there been any previous CPM insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, for which item(s) of the specification and by what companies? <hr/> <hr/>	
4. Have the plant and machinery to be insured (partly or in total) been hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please specify the owner's name and address. <hr/> <hr/>	
5. Are the plant and machinery highly exposed to special hazards?	<input type="checkbox"/> Fire, explosion <input type="checkbox"/> Storm, cyclone <input type="checkbox"/> Landslide <input type="checkbox"/> Employment in mountainous terrain <input type="checkbox"/> Other	<input type="checkbox"/> Earthquake, volcanic activity, tsunami <input type="checkbox"/> Flood, inundation <input type="checkbox"/> Blasting <input type="checkbox"/> Employment underground	
6. Do you wish the cover to include extra charges for overtime, night work, work on public holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Limit of indemnity for such extra charges:		
7. Do you wish the cover to include inland transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please specify. <hr/> Maximum value transported by one means of transport: <hr/>	

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.

Executed at

Date

Signature



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Specification of Plant and Machinery to be Insured

Item No	Description of items Please give full and exact description of all plant and machinery.	Name of manufacturer	Type and serial number	Output	Year of manufacture	High exposure to special hazards Please specify hazards of item 5 overleaf.	Replacement value 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.

Total sum insured