

## Tausi Assurance Company Limited

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## CONTRACTOR'S PLANT AND MACHINERY (CPM) INSURANCE QUESTIONNAIRE AND PROPOSAL FORM.

The issuing of this form is not to be taken a <b>NB</b> : All questions must be answered in full appropriate.				TERS and tick where		
PARTICULARS OF PROPOSER						
1.Name of proposer						
Postal Address	P.O Box:	Code:		Town:		
Telephone Number						
Email Address						
Cert of Incorporation Number:				(Attach copy of Certificate)		
PIN Number				(Attach copy of Certificate)		
Period of Insurance	From:		То:			
2 I	On Ann	ual basis				
2. Insurance			V	Venue (Specify Dowled)		
	For Months/ Years (Specify Period)					
	Geographical Scope of cover					
3. Has there been any previous CPM Insurance?	YES			□ NO		
	If yes, for which Item (s) of specification and by what companies?					
4 II . 1 . 1 M 1 1						
4. Have the plant and Machinery to be insured (partly or in total) been hired?	YES			NO		
	If yes, please specify owner's name and address?					

5. Are the Plant & Machinery highly exposed to special hazards?	Fire Explosion	Earthquake, Volcanic activity, tsunami				
exposed to special nazards:	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	YES	NO				
transport?	If yes, please specify.					
		Maximum value transported by one means of transport:				
	· ·					
Declaration						
I/We hereby declare that the statements maknowledge and belief, complete and true, and is part of any policy issued in connection witterms of policy only and that the insured will.  The insurers undertake to deal with this info	d I/We hereby agree that this Questionnair ith the above risk(s). It is agreed that the l l not lodge any other claims of whatever name is the state of the state	re and Proposal form, forms the basis and Insurers are liable in accordance with the				
The lightlifty of the company does not got		and the first promium paid				
The liability of the company does not cor						
	day of	20				
For and on behalf of:						
Name:						
Signature and Official Stamp						
Name and Designation of Contact Person:						
Telephone of Contact Person:						
AGENT/BROKER NAME / STAMP	SIGNATURE	DATE				

Specifi	cation of Plant & Ma	chinery to be In	sured			
	Description of Items Please give full and exact description of all Plant & Machinery			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.
Item No.	Name of Manufacturer	Type and Serial number	Output			
						TOTAL Sum Insured
PROPOSER'S SIGNATURE		DATE		STAMP		