



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

Tausi Court, Tausi Road, Off Muthithi Road, Westlands. P.O Box 28889 – 00200 NRB.
Telephone: 020-3746602/03, 2312681/85/93, Cell: 0729 145888, 0735 145020.
Pilot line: 0709 914000 Email: clients@tausiassurance.com.
Website: www.tausiassurance.com

QUESTIONNAIRE AND PROPOSAL FORM FOR MACHINERY INSURANCE.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

1. Name of proposer (in full)

Postal address:

P.O Box:

Code:

Town:

Telephone Contact

Email Address

Certificate of Incorporation
No.(Corporate)

(Attach Copy)

PIN No

(Attach copy of the certificate)

Address of Plant (Physical &
Postal)

Nature of business

Name of Chief Engineer or Plant
Manager

Nearest Railway station or airport

2. Are you currently or have you
ever been insured for the type of
Insurance cover proposed?

☐

YES

☐

NO

If YES, please name five of insurers and Policy Number

State when the insurance is to
commence

From:

To:

Period of insurance to expire at the same date and time next year

3. Do you wish to insure the
foundations of the machinery?

☐

YES

☐

NO

If so, please state the relevant items of the specification.

4. Does the specification include all the machinery coverable under a Machinery Policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If not, does the machinery to be insured represent all the machinery coverable in one plant section?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you wish the cover to include extra charges (In case of Loss) for:		
Express freight, overtime, night work, work on public holidays?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Air Freight	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Limit of indemnity for air freight	Kshs:	

5. Give details of any special extension of cover required?	

6. Are machines being insured in proper working condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

7. Are Maintenance being carried out regularly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, specify whether it is done in-house or externally.		

8. Do you maintain a maintenance log register?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please attach a copy		

9. Is there quality control check for products being produced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

10. Have you suffered a loss in connection with the type of insurance now proposed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, supply complete details		

11. Has any office of Insurance Company or Underwriter ever

☐ NO☐ NO☐ NO☐ NO☐ NO

If the answer to any of the above questions is yes, please give details.

The insurers undertake to deal with this information in strict confidence.

DATE _____

SPECIFICATION OF ITEMS TO BE INSURED

Item No.	<u>Description of items:</u> PLANT AND MACHINERY Please give full and exact description of all machines, including name of manufacturer, type, output, capacity, speed, load, weight, voltage, amperage, fuel, pressure, temperature, etc.	Year of Manufacture	<u>Remarks:</u> Give particulars of any part of the machinery to be Insured which has had a breakdown or failure during the last three years, which shows any signs of repair or which is exposed to any special risk.	<u>Replacement Value:</u> 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 and also value of foundations. If the latter are to be Insured.
TOTAL				

IF THE ABOVE SPACE IS INADEQUATE ATTACH ANOTHER SHEET

PROPOSER'S SIGNATURE _____ DATE _____ STAMP _____

QUESTIONNAIRE AND PROPOSAL FOR MACHINERY INSURANCE