

## 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.

NB: All questions must be answered				TERS and tick where
appropriate.  PARTICULARS OF PROPOSER				
1. Name of proposer (in full)				
Postal address:	P.O Box:	Code:		Town:
Telephone Contact				10,121
Email Address				
Certificate of Incorporation No.(Corporate)				(Attach Copy)
PIN No			(1	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	YES		NO	
ever been insured for the type of Insurance cover proposed?				
· ·	If YES, please name five of insurers and Policy Number			
State when the insurance is to commence	From:		То:	
Commence	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 NO	
ioundations of the machinery.	If so, please state the relevant items of the specification.			
	- 1		1	

4. Does the specification include all the machinery coverable under a Machinery Policy?	YES	NO NO
If not, does the machinery to be insured represent all the	YES	NO NO
machinery coverable in one plant section?		
Do you wish the cover to include e	extra charges (In case of Loss) for:	
Express freight, overtime, night work, work on public holidays?	YES	NO NO
Air Freight	YES	NO NO
Limit of indemnity for air freight	Kshs:	
5. Give details of any special		
extension of cover required?		
6. Are machines being insured in	YES	NO
proper working condition?		
7. Are Maintenance being carried	N/E0	□ NO
	YES	NO
out regularly?		
	If YES, specify whether it is done in-ho	
out regularly?  8. Do you maintain a maintenance		
out regularly?	If YES, specify whether it is done in-ho	ouse or externally.
out regularly?  8. Do you maintain a maintenance	If YES, specify whether it is done in-ho	ouse or externally.
out regularly?  8. Do you maintain a maintenance	If YES, specify whether it is done in-ho	ouse or externally.
out regularly?  8. Do you maintain a maintenance	If YES, specify whether it is done in-ho	ouse or externally.
8. Do you maintain a maintenance log register?  9. Is there quality control check for	If YES, specify whether it is done in-ho	ouse or externally.
out regularly?  8. Do you maintain a maintenance log register?	If YES, specify whether it is done in-horsely and the specific specific whether it is done in-horsely and the specific s	nuse or externally.  NO
8. Do you maintain a maintenance log register?  9. Is there quality control check for	If YES, specify whether it is done in-horsely and the specific specific whether it is done in-horsely and the specific s	nuse or externally.  NO
8. Do you maintain a maintenance log register?  9. Is there quality control check for products being produced?  10. Have you suffered a loss in	If YES, specify whether it is done in-horsely and the specific specific whether it is done in-horsely and the specific s	nuse or externally.  NO
8. Do you maintain a maintenance log register?  9. Is there quality control check for products being produced?	If YES, specify whether it is done in-hold YES  If YES, please attach a copy  YES  YES	NO NO
8. Do you maintain a maintenance log register?  9. Is there quality control check for products being produced?  10. Have you suffered a loss in connection with the type of	If YES, specify whether it is done in-hold YES  If YES, please attach a copy  YES  YES	NO NO
8. Do you maintain a maintenance log register?  9. Is there quality control check for products being produced?  10. Have you suffered a loss in connection with the type of	If YES, specify whether it is done in-hold YES  If YES, please attach a copy  YES  YES	NO NO
8. Do you maintain a maintenance log register?  9. Is there quality control check for products being produced?  10. Have you suffered a loss in connection with the type of	If YES, specify whether it is done in-hold YES  If YES, please attach a copy  YES  YES	NO NO

11. Has any office of Insurance Company or Underwriter ever			
(a) Cancelled or refused to renew your policy?	YES	□ NO	
(b) Increased your premiums?	YES	NO NO	
(c) Declined to insure you?	YES	□ NO	
(d) Imposed any special terms	YES	NO NO	
(e) Repudiated any claim?	YES	□ NO	
	If the answer to any	of the above questions is yes, ple	ease give details.
Declaration  I/We hereby declare that the statent knowledge and belief, complete and and is part of any policy issued in control the terms of policy only and that the The insurers undertake to deal with	d true, and I/We hereby onnection with the above e insured will not lodge	y agree that this Questionnaire as we risk(s). It is agreed that the Ins any other claims of whatever nat	nd Proposal form, forms the basis surers are liable in accordance with
The liability of the company does	s not commence until	the proposal has been accepte	d and the first premium paid.
Executed at this	day of		20
For and on behalf of:			
Name:			
Signature and Official Stamp			
Name and Designation of Contact I	Person:		
Telephone of Contact Person:			
AGENT/BROKER NAME /ST	AMP	SIGNATURE	DATE

SPECIFICATION OF ITEMS TO BE INSURED				
Item No.	Description of items: 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	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.	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 and also value of foundations. If the latter are to be Insured.
		TOTA		
IF THE A	AROVE SPACE IS INJADEOUATE ATTACH A	MOTHED CH	F F T	

PROPOSER'S SIGNATURE	DATE	STAMP

QUESTIONNAIRE AND PROPOSAL FOR MACHINERY INSURANCE