Q	uestionnaire and Proposa	al for			
M	achinery Insurance No				
1.	Name and address				
	of proposer				
	Address plan				
	Nature of business				
	Name of chief engineer or plan manager				
	Nearest railway station airport				
2.	Has any of the machinery to	□ Yes □No			
	be insured previously been covered by other companies?	If so, which items of the specification and by what companies?			
	State when the insurances is	Date: Tim	ne: Period of in	Period of insurance to expire at the	
to commence		Same date and time next year.			
3.	Do you wish to insure the foundations of the machinery?	□ Yes □ No			
		If so, please state the	e relevant items of the specific	ation	
4. Does the specification include all the machinery coverable under a Machinery policy?		□ Yes □ No			
		if not, does the machinery to be insured represent All the machinery coverable in one plant section? \Box Yes \Box No			
5.	Do you wish the cover to	ovnorse frieght over	time, night work, work on pub	lic holidays? ☐ Yes ☐ No	
٦.	include extra charges (in case	air freight?	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ilic Holidays: — res — 40	
	of loss) for:	Limit of indemnity fo			
		Limit of machinity to	i dii iicigiici		
6.	Give details of any special extension of cover required				
statements made by us in this Questionnaire and Proposal are, to the best of of any		y agree that this ionnaire and Proposal the basis and is part policy issued in ction with the above	It is agreed that the insurers are liable in accordance with the terms of 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	
Executed at	date	signature	

Specification of Items to be Insured									
Item No.	Description of items Please give full and exact description of all machines, including name of manufacturer, type, output capacity, speed, load, weight, voltage, amperage, cycle, fuel, pressure, temperature, etc.			Year of manufacture	Remarks: Give particular of any part machinery to be insured which has had a breakdown or failure during the last three years, which shows an y 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.			
		Total sum insured							