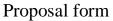
Plant & Machinery Insurance





Completing the Proposal form

- This proposal must be fully complete including all the required documents 1.
- It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer. 2.
- 3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never
 - existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
- 4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without
- such Information Solarelle may not be able to process your application, administer your policy or assess your claims. 5.
- Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Address:		Postal Code:	
ID/Passport No:	Company regist	ration No:	
Telephone:	Fax:	Email:	
Nature of Business:		Contact Name:	
Name of the Mortgagee:	<u></u>	Mobile No:	
(if assigned to other interested parties))	Contact Name:	
		Email:	
Cover required:			
Type of Insurance			
On annual basis	period)		
For months years (specify)			

Subject Matter:

Details of Machinery to be insured:

	Machinery #1	Machinery #2	Machinery #3
SR. No:			
Description:			
Type:			
Model:			
Maker's Name:			
Country of Origin:			
Year of Make:			
Capacity of Machine:			
Serial No:			
HP/KVA:			
Volts, AMPS, RPM:			
Sum Insured			
Do you wish to required Thir	d Party Liability	<u> </u>	Zes No
If YES, please specify; For any one accident			
For all accident during the pe	riod		
Do you require Earthquake C			es No
Do you require Terrorism Co	ver?	l N	es No
•			
Dismantling of CPM equipm Guide Note: Each machinery sho Full description with identificatio	ents required? uld be entered separately n no. etc. of each and ever	with necessary specification y equipment with valuation	n should be declared.
Dismantling of CPM equipm <u>Guide Note:</u> Each machinery sho Full description with identificatio The Sum Insured must be calcula including provision for packing, f full protection under the Policy. i. All Portable Machines n	ents required? uld be entered separately n no. etc. of each and ever ted on the present day new reight and also value of fo nust be so designated. ist be so described separat	with necessary specification y equipment with valuation w replacement value of the oundations, erection costs, c	ns as mentioned. n should be declared. Machinery to be insured
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Name of Chief Engineer or Plant Manager	
What fire extinguishing facilities exist in the premises?	
Is there a fire alarm installed on the premises to be insured?	Yes
Is there	
i. a Burglar alarm installed on the premises?	Yes No
ii. closed circuit TV (CCTV) installed on the	
premises?	
iii. Smoke Detectors installed on the premises?	
iv. Sprinkler System installed on the premises?	Yes No
Are the plant and Machinery highly exposed to special hazards?Fire, explosionStorm, cycloneLandslideEmployment in mountainousOther:	
Do you wish the cover to include extra charges for Overtime, night	work, work on public
holidays?	
Overtime:	
Night Work: Work On Public Holidays:	∐Yes No ∏Yes No
work on rubhe riondays.	
Limit of indemnity for such extra charges:	
Do you wish the cover to include Inland transport? Maximum value transported by one means of transport:	Yes No
Give details of any special extension of cover required:	
De sous anno anno ann an immert athar than that de anih ad abarra	unardein er an den sonne side 9
Do you own or use any equipment other than that described above v	Yes No
Is any of the equipment now proposed Licensed for road use? If YES, detail; Registration no: Licensed under:	
Are you the owner of the proposed equipment? If NO, will you be hiring out?	└Yes└No └Yes │No
If the equipment is hired;	
Is Insurance your responsibility?	Yes No
Is maintenance and operation your responsibility?	
Are the premises where the equipment operates well-guarded? What is the site condition where the equipment will be utilized?	<u>Yes</u> No
What is the site condition where the commont will be whenced	

□Yes □No
toppling over? Yes No
site? Yes No
Yes No
for operation by statutory
r cause during last 3 years?
Yes No
ous Insurer: (If any)
∐Yes □No
er Insurance?
/ you been Declined, Cancelled ? □Yes□No
ographs, and any additional ompany in assessing the risk

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer:

Date:

_____ Signature of proposer:

Company Stamp:

Office use only Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: