

## MACHINERY BREAKDOWN INSURANCE PROPOSAL FORM

**NOTICE TO THE APPLICANT:**

**YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).**

**Completing the Proposal Form**

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that the whenever used in this proposal form, the term Applicant shall mean the Principal Organisation and all its Subsidiaries.
- It is agreed that whenever used in this proposal form the definition of the terms 'Claims', 'Policy Period' 'Legal Representation Expenses', 'Defence Costs', 'Director' or 'Officer' are in accordance with the policy.
- The headings in this proposal are solely for convenience.
- All information provided by the Applicant will be maintained in strictest Confidence by RAK Insurance

**PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.**

<b>1. GENERAL INFORMATION</b>		
a)	* Name of Applicant	
b)	Applicant's Address:	
c)	Applicant's web address	
d)	* Nature of Applicant's Activities:	
e)	Estimated Annual Turnover	
f)	Name of Chief Engineer or Plant Manager	
g)	Nearest Railway Station/Airport	
<b>2. COVER REQUIREMENTS</b>		
a)	Please complete form 5GI 0311 (Machinery Specification) with details of all machinery to be covered under this proposal.	
b)	Do you wish to insure the foundations of the machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please identify the items from 5GI 0311 to be covered	
c)	Do the items listed in form 5GI 0311 represent all items of machinery that can be covered under a machinery breakdown policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, does it represent all machinery from one specific plant section	
d)	Do you wish the cover to include extra charges (in case of loss) for:	Express Freight <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Overtime <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Night Work <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Public Holiday working <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Air Freight <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
		Limit of Indemnity for Air Freight
e)	Do you wish to have any special extension of cover included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details	



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<b>2. COVER REQUIREMENTS (contd.)</b>			
f)	Please state the Deductible for each and every claim to be borne by the insured		
<b>3. INSURANCE &amp; CLAIMS HISTORY</b>			
a)	Provide the following information regarding the Applicant's current professional liability insurance programme.	Insurer	
		Policy Period	
		Limit	
		Premium	
		Deductible	
b)	<p>Has any policy of or application for similar insurance on the Applicant's behalf ever been declined, cancelled or renewal refused?</p> <p>If Yes, please provide details on a separate sheet indicating name of insurance carrier and reason and attach to this proposal.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) *	<p>Have there been during the last 5 years, or are there now pending, any loss, or claim that would be related to this coverage?</p> <p>If Yes, please provide details as below.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location	Type of loss or claim	Actual or estimated amount
<b>4. FALSE INFORMATION</b>			
Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.			
<b>5. DECLARATION AND SIGNATURE</b>			
The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.			
Signed and Stamped	Authorised Representative	Date	

**For RAK Insurance Use Only:**

Name of Consultant/Introducer/Broker:

Consultant Code:

RAK Location:

Date sent: