



SIC INSURANCE COMPANY LIMITED

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PROPOSAL FOR INSURANCE AGAINST CONTRACTORS PLANT AND MACHINERY (CPM)

1. FULL NAME OF PROPOSER.....

2. ADDRESS..... TELEPHONE NO.....

3. TRADE OR BUSINESS..... FAX.....

4. Insurance on annual basis

For _____ months _____ years(specify period)

Geographical scope of cover

5. Has there been any previous CPM insurance? Yes No If so, for which item(s) of the specification and by what companies?
.....

6. Have the plant and machinery to be insured(partly or in total)been hired Yes No If so, please specify the owners name and address
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7. Are the plant and machinery highly exposed to special hazards?
 Fire, explosion Earthquake, volcanic activity, tsunami
 Storm, cyclone Flood, inundation
 Landslide Blasting
 Employment in the mountainous terrain Employment underground
 Others

8. Do you wish the cover to include extra charges for overtime, night work, work on public holidays? Yes No
Limited of indemnity for such extra charges:

9 Do you wish the cover to include inland transport Yes No If so, please specify
.....
Maximum value transported by one means of transport

DECLARATION

WE hereby declare that the statement made b us in this Questionnaire and proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the insurers are liable in accordance with the terms of the policy only and that the insured will not lodge any other claims of whatever nature. The insurers undertake to deal with this information in strict confidence.

Date.....

Signature.....

Agency.....

Note: Please download and fill in the **CONTRACTORS PLANT & MACHINERY PROPOSAL (SUPPLEMEANTARY)**