



THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd. & Head Office : New India Assurance Building, 87, Mahatma Gandhi Road, Fort, Mumbai 400 001.

PROPOSAL FOR MACHINERY INSURANCE

(The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid)

(Information given herein will be treated in strict confidence)

PUT A () MARK WHEREVER APPLICABLE

a) Name of proposer (in full):

b) Gender: (F)_____ (M)_____ - only to be provided if proposer is individual

c) Date of birth/Age _____ - only to be provided if proposer is individual

d) Address:

e) Province _____

f) TIN No.

g) Proposer's Business/Profession:

h) Proposer's Postal Address _____

i) Address where plant to be Insured is located _____

j) Nearest Railway Station and Distance _____

1. Do the items listed represent the whole of the Plant Yes/No

2. (a) Are you at present Insured : (a) Yes/No
(b) If so with whom ? (b)

3. Has any Company -

(a) Declined to insure any of the machinery now Proposed ? (a) Yes/No

(b) Required an increased premium or imposed special conditions

(c) Requested for repairs or made other special stipulations for risk improvement ? (b) Yes/No

4. (a) Are you aware of any defects/damage existing in the machinery. (a) Yes/No

(b) If so, give details thereof (b)

5. (a) Has your machinery sustained any damage from breakdown or other cause during last 3 years ? (a) Yes/No

(b) If so, give details of damage/s and repairing cost (b)

6. (a) Are regular periodical inspections of the machinery carried out ? (a) Yes/No

(b) If so, by whom and at what intervals ? (b)

7.	On payment of additional premium do you wish to cover :-		If yes, provide limits of indemnity
(a)	Express Freight (excluding Airfreight), overtime and Holiday rate of wages	(a) Rs.	No.
(b)	Owners surrounding property	(b) Rs.	No
(c)	Third party Liability	(c) Rs.	No.
8.	Period of Insurance	From	To

SCHEDULE OF MACHINERY TO BE INSURED

GUIDE NOTES

- Each Machinery should be entered separately with necessary specification as mentioned in Schedule column No. 3
- The sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection costs, customs duty, to afford full protection under this Policy.
- If any of the Machines is a 'Stand by' this fact should be mentioned.
- All portable Machines must be so designated. All items in the open must be so described separately.
- Separate value for foundations masonry and brickwork or oil in transformers and other electrical equipments are to be specified if cover is required.

Sr. No.	Quantity	Description Type, Model Capacity of Machine/ Serial No. H.P./KVA Volts AMPS, RPM	Maker's Name & Country of Origin	Year of Make	Sum Insured
1	2	3	4	5	6

I/We the undersigned hereby declare that the above statement and particulars are true and complete and I/we declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

Place : _____

Dated : _____ Proposer's Signature _____