

## • MACHINERY & EQUIPMENT INSURANCE • PROPOSAL

In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

### IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

<p>1. (a) Name of Proposer:</p>  <p>(b) Address:</p>   <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) Situation of Premises:</p> <p>(f) Trade or Business:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>2. List of Equipment proposed:</p>	<p>Please complete "Schedule" attached.</p>

<p>3. Is there a regular maintenance agreement in force?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Name and Address of the Maintenance Contractor</p>	<p>.....  .....  .....</p>
<p>5. Is the equipment owned or hired by the Proposer?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6. Give a brief general description of the building(s) housing the Equipment, e.g. single or multi-storey, type of roof and whether brick, concrete or other form of construction.</p>	<p>.....  .....</p>
<p>7. Give the precise location in the building of the Equipment, i.e. basement, ground or higher floor.</p>	<p>.....  .....</p>
<p>8. Describe the nature of the working environment in which the Equipment operates, e.g. laboratory, medical, studio, airport, communications.</p>	<p>.....  .....</p>
<p>9. (a) If the Equipment is housed in the basement or on the ground floor, please indicate:-</p> <p>(i) if the equipment is exposed to water damage from rivers, streams or drains.</p> <p>(ii) if the equipment is exposed to external impact risk</p> <p>(b) If the Equipment is higher than the ground floor, please indicate the condition of the roof and gutters.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/></p>

<p>10. Wherever housed, is the Equipment exposed to water from radiators or other internal water-containing apparatus?</p> <p>If "Yes" give details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p>
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<p>11. Is the ceiling area waterproof?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>12. Is there any history of storm, flood, overflowing of external drains or of water-containing apparatus within the premises?</p> <p>If "Yes" give details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>13. Describe briefly the security arrangements generally at the location and specifically for the Equipment itself.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>14. Who is authorised to supervise and/or operate the equipment, what training is given and what experience is required.</p>	<p>.....</p> <p>.....</p> <p>.....</p>
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<p>15. Have there been any damage occurrences affecting the Equipment in the last four years?</p> <p>If "Yes" give details of damage, its cause and cost.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>16. Is an automatic fire alarm system installed?</p> <p>If "Yes" does the alarm system automatically cut off the electrical power supply to the Equipment?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>17. Is an air-conditioning system provided?</p> <p>If "Yes"</p> <p>(i) is the system serving the Equipment area completely separate from the system serving the remainder of the premises?</p> <p>(ii) are the ducts etc of incombustible material?</p> <p>(iii) does the fire alarm system, if one is installed, automatically shut down the air-conditioning system?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>18. Are portable extinguishers of the carbon dioxide or other type provided?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>19. Are the walls, floors and ceilings of the building housing the Equipment of incombustible construction, including linings?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>20. Is the Equipment housed in a separate building?</p> <p>If "No"</p> <p>(i) are all openings from the Equipment area protected by fire-proof doors?</p> <p>(ii) is the ceiling of the Equipment area water-proof?</p> <p>(iii) what is the nature of the occupation of the adjoining area?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

21. Is the Equipment area sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Is smoking permitted in the Equipment area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Are waste bins with self-closing lids provided in the Equipment area, and, if so, are these emptied regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Is the electrical wiring associated with the Equipment regularly inspected and maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.**

**Declaration**

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

**Signed by Proposer**

Name (Please print) .....

Signature ..... Date .....

**Schedule of Equipment proposed for Insurance**

<b>Description of items including maker's name, serial no., model and date of make.</b>	<b>Sum Insured – New Replacement Value</b>