

PROPOSAL FORM FOR INSURANCE

MACHINERY & EQUIPMENT

Please ensure that all 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.

SEC	CTION 1 DETAILS OF PROPOSAL	
1.	a. Name of Proposer:	Title:
	b. Address:	Postal Code:
	c. VAT No./TRN (where applicable):	
	d. Telephone No./Fax No.:	
	e. Email address:	
	f. Situation of Premises:	
	g. Trade or Business:	
2.	List of Equipment proposed: Please complete the Schedule in	Section 3.
3.	Is there a regular maintenance agreement in force? $\ \square$ Yes $\ \square$	No
4.	Name and Address of the Maintenance Contractor:	
5.	Is the equipment owned or hired by the Proposer? $\ \square$ Yes $\ \square$	No
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:	
7.	Give the precise location in the building of the Equipment, i.e.,	basement, ground or higher floor:
8. Describe the nature of the working environment in which the Equipment operate airport, communications:		quipment operates, e.g., laboratory, medical, studio,
9.	a. If the Equipment is housed in the basement or on the groun	d floor, please indicate:
	i. if the equipment is exposed to water damage from river	s, streams or drains: 🗆 Yes 🗆 No
	ii. if the equipment is exposed to external impact risk: $\ \square$ Yes $\ \square$ No	
	b. If the Equipment is higher than the ground floor, please ind☐ Good ☐ Fair ☐ Poor	cate the condition of the roof and gutters:



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



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21. Is the Equipment area sprinklered? ☐ Yes ☐ No				
22. Is smoking permitted in the Equipment area? ☐ Yes ☐ No				
23. Are waste bins with self-closing lids provided in the Equipment area? ☐ Yes ☐ No				
If Yes, are these emptied regularly? □ Yes □ No				
24. Is the electrical wiring associated with the Equipment regularly inspected and maintained? 🛘 Yes 🗘 No				
DECLARATION				
NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.				
I/We declare that the statements and particulars in this Proposal are true and that no material facts have been misstated or suppressed after enquiry. I/We 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.				
Proposer Name (Please print)				
SignatureDate				
SECTION 3 SCHEDULE OF EQUIPMENT PROPOSED FOR INSURANCE				
Description of Items (incl. maker's name, serial no., model and date of make)	Sum Insured New/Replacement Value			

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