Machinery Breakdown Insurance

Proposal form

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgage: _____
(if assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Details of the Plant

Type of Plant: _____ Year of Make: _____

Make and Model: _____ Date of the last overhaul and nature: _____

Date of Last Survey: _____ Name of the Surveyor: _____
(Please Attached the Surveyor's Report)

Use of the Plant: _____

Location of Plant

Address: _____ Postal Code: _____

Cover required:

Type of Insurance required: _____

Value to be insured:

Date of Purchase and Price paid: _____
(please attached the invoice copy)

Present Value: _____
If the sum insured requested is higher than the purchase price, please advise reason

Do you wish to insure the foundations of the machinery? ☐Yes ☐No
If YES, please state the relevant items of the specification.

_____

_____

Value: _____

Period of Insurance: From: _____ To: _____

General Information:

Nature of Business:

_____

Name of Chief Engineer or Plant Manager:

_____

What fire extinguishing facilities exist in the premises?

_____

Is there a fire alarm installed on the premises to be insured? ☐Yes ☐No
Is there

i. a Burglar alarm installed on the premises? ☐Yes ☐No
ii. closed circuit TV (CCTV) installed on the premises? ☐Yes ☐No
iii. Smoke Detectors installed on the premises? ☐Yes ☐No
iv. Sprinkler System installed on the premises? ☐Yes ☐No

Do you wish the cover to include extra charges express freight, overtime, night work, work (in case of loss) for;
on public holidays ? ☐Yes ☐No
Airfreight? ☐Yes ☐No
If YES, Limit of indemnity for air freight: _____

Give details of any special extension of cover required

_____

_____

Expiry date of existing cover: (If any) _____

Name of the Previous Insurer: (If any) _____

Detail of the Previous Owner of the Plant and Machinery: (If any)

_____

Have you ever had a loss before? ☐ Yes ☐ No

If YES, please give particulars:

_____

_____

How many times a year is the bait hauled ashore for maintenance:

_____

Is there any Insurance on the same property in force with this or other Insurance?

If YES, state the amounts and the names of the Companies: ☐ Yes ☐ No

_____

_____

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company?

☐ Yes ☐ No

Please enclose with this Proposal a recent Survey and Valuation Report, Photographs, and any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer Company Stamp:

Office use only

Intermediary Premium / Rate: Special Condition: Broker / Agent / Sales Code: