Plant & Machinery 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 Mortgagee:_____
(if assigned to other interested parties)

Contact Name:_____

Mobile No:_____

Contact Name:_____

Email:_____

Cover required:

Type of Insurance

On annual basis ☐

For months years (specify period) ☐

Geographical scope of cover:

_____

Period of Insurance: From: _____ To: _____

Subject Matter:

Details of Machinery to be insured:

	Machinery #1	Machinery #2	Machinery #3
SR. No:			
Description:			
Type:			
Model:			
Maker's Name:			
Country of Origin:			
Year of Make:			
Capacity of Machine:			
Serial No:			
HP/KVA:			
Volts,AMPS, RPM:			
Sum Insured			

Do you wish to required Third Party Liability ☐Yes ☐No
If YES, please specify;
For any one accident ☐
For all accident during the period ☐

Do you require Earthquake Cover? ☐Yes ☐No
Do you require Terrorism Cover? ☐Yes ☐No
Dismantling of CPM equipments required? ☐Yes ☐No

Guide Note: Each machinery should be entered separately with necessary specifications as mentioned. Full description with identification no. etc. of each and every equipment with valuation should be declared. 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, etc., to afford full protection under the Policy.

i. **All Portable Machines must be so designated.**
ii. **All items in the open must be so described separately.**
iii. **Transit risks from site to site will be excluded.**

General Information:

Location of Operation:
Address: _____ Postal Code: _____

Do the items listed represent the entire machinery used by you at the above location?
☐Yes ☐No

Nature of Business: _____

Are you aware of any defects/damages existing in the machinery? ☐Yes ☐No
If YES, give details thereof:

_____

_____

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

Are the plant and Machinery highly exposed to special hazards?

Fire, explosion	☐	Earthquake, Volcanic activity, Tsunami	☐
Storm, cyclone	☐	Flood, Inundation	☐
Landslide	☐	Blasting	☐
Employment in mountainous	☐	Terrain Employment underground	☐
Other: _____	☐		

Do you wish the cover to include extra charges for Overtime, night work, work on public holidays?

Overtime: ☐Yes ☐No
Night Work: ☐Yes ☐No
Work On Public Holidays: ☐Yes ☐No

Limit of indemnity for such extra charges: _____

Do you wish the cover to include Inland transport? ☐Yes ☐No
Maximum value transported by one means of transport: _____

Give details of any special extension of cover required:

_____

_____

Do you own or use any equipment other than that described above working on the same site? ☐Yes ☐No

Is any of the equipment now proposed Licensed for road use? ☐Yes ☐No
If YES, detail;
Registration no: _____
Licensed under: _____

Are you the owner of the proposed equipment? ☐Yes ☐No
If NO, will you be hiring out? ☐Yes ☐No

If the equipment is hired;
Is Insurance your responsibility? ☐Yes ☐No
Is maintenance and operation your responsibility? ☐Yes ☐No
Are the premises where the equipment operates well-guarded? ☐Yes ☐No
What is the site condition where the equipment will be utilized?

_____

_____

Is the equipment likely to operate on reclaimed or soft ground?
Reclaimed: ☐
Soft ground: ☐

Are the equipments likely to operate underground? ☐Yes ☐No

Are ground condition such that equipment is exposed to the risk of toppling over?
If YES, give details. ☐Yes ☐No

Will equipment belonging to other contractors operate on the same site?
☐Yes ☐No

Do you have trained and qualified operators? ☐Yes ☐No

Are there any statutory rules governing the appointment? ☐Yes ☐No

Which of the equipment's are required to be inspected and certified for operation by statutory rules?

Has your machinery sustained any damage from breakdown or other cause during last 3 years?
If Yes, give details of damage/s and repairing cost ☐Yes ☐No

Is regular periodical inspection of the machinery carried out? ☐Yes ☐No
If YES, by whom and at what intervals?

Expiry date of existing cover: (If any)

Name of the Previous Insurer: (If any)

Have you ever had a loss before? ☐Yes ☐No
If YES, please give particulars:

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: