

Contractor's Plant & Machinery

Proposal Form



If you are signing for someone else, include a copy of the durable power of attorney or executorship if not previously provided.

The property proposed for insurance is not covered until the proposal is accepted and premium paid.

General Information

1. Agent/Broker Name _____
2. Agent/Broker Code _____
3. Name of the Proposer _____
4. Address of the proposer _____

5. Phone Number _____
6. Email id _____
7. Paid up capital of the firm _____
8. Name of the Insured (Policy to be issued in favor of) _____
9. Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions? _____
10. Location details (Complete Address with pin code & district) of the risk to be insured. _____
11. Period of Insurance: Start/End date _____

Note 1: Please ensure that the policy date and time is on or after the date of payment of premium to us.

Note 2: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.

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

13. Are you at present Insured? Yes No

If "Yes", provide details: _____

14. Has any company:
 - a. Declined to insure any of the Machinery now proposed. Yes No
 - b. Required an increased premium or imposed special conditions? Yes No
 - c. Requested for repairs or made other

special stipulations for risk improvement?

Yes No

15. Are you aware of any defects/ damages existing in the machinery?

Yes No

If "Yes", give details.

16. Do you own or use any equipment other than that described above working on the same site?

17. Is any of the equipment now proposed?

a. Licensed for road use? If so, give details.

b. Covered by any other insurance? If so, give details.

18. Are you the owner of the proposed equipment?

Yes No

If yes, will you be hiring out?

Yes No

19. If the equipment is hired:

a. Is Insurance your responsibility

b. Is maintenance and operation your responsibility?

20. Are the premises where the equipment operates well-guarded?

Yes No

21. What is the site condition where the equipment will be utilized?

22. Are the equipment likely to operate on reclaimed or soft ground?

23. Are the equipment likely to operate underground?

24. Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities?

If so, give detail and safety precautions taken.

25. Will equipment belonging to other contractors operate on the same site?

26. Do you have trained and qualified operators? Are there any statutory rules governing the appointment?

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

28. Has your machinery sustained any damage during last 3 years?

Yes No

If "Yes", give details of damage/s and Repairing cost

29. Is regular periodical inspection of the machinery carried out? Yes No
 If "Yes", by whom and at what intervals? _____

30. On payment of additional premium do you wish to cover: **If "Yes", provide limits of indemnity –**

a. Express Freight (excluding Airfreight), overtime and Holiday rates of wages	OMR _____	<input type="checkbox"/> No
b. Air Freight	OMR _____	<input type="checkbox"/> No
c. Owners surrounding property	OMR _____	<input type="checkbox"/> No
d. Clearance & removal of debris	OMR _____	<input type="checkbox"/> No
e. Additional custom duty	OMR _____	<input type="checkbox"/> No
f. Escalation		
g. Third-Party Liability	OMR _____	<input type="checkbox"/> No
I. For any one accident	OMR _____	<input type="checkbox"/> No
II. For all accident during the period		

31. Do you wish to insure electrical & mechanical breakdown (which otherwise is an exclusion under CPM policy) pl provide list of such items? Yes No

Schedule of Plant & Machinery to be insured:

S. No.	Quantity	Description Type	Model, Capacity of Machine/ Serial No. HP/ KVA Volts, AMPS, RPM	Maker's Name and Country of Origin	Year of Make	Sum Insured
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Guide Notes:

1. Each Machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3.
2. Full description with identification no. etc. of each and every equipment with valuation should be declared.
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, etc., to afford full protection under the Policy.
4. All Portable Machines must be so designated.
5. All items in the open must be so described separately.
6. Transit risks from site to site will be excluded.

Declaration

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and Arabia Falcon Insurance Company S.A.O.G.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Signature(s)

In order for us to process this request, please sign below and return.

Sign Here	Signature _____	Date (DD/MM/YYYY) _____
------------------	-----------------	-------------------------

How to submit this form

Mail:

Arabia Falcon Insurance
P.O. Box 2279
Ruwi 112,
Muscat, Oman

Fax:

+968 24566476

Email:

info@afic.om

