



SHARJAH INSURANCE COMPANY

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MACHINERY INSURANCE QUESTIONNAIRE & PROPOSAL FORM

01 Name and address of Proposer _____	
Address of Plant _____	
Nature of Business _____	
Name of Chief Engineer of Plant Manager _____	
Nearest Railway Station/ Airport _____	
02 Has any of the machinery to be insured previously covered by other Companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, for which items(s) of the specification and what companies? _____ _____
State when the insurance is to commence	Date: _____ Time: _____ Period of insurance to expire at the same date and time next year
03 Do you wish to insure the foundations of the machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please state the relevant items of the specification _____ _____
04 Does the specification include all the machinery coverable under a Machinery Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, does the machinery to be insured represent all the machinery coverable in one plant section? <input type="checkbox"/> Yes <input type="checkbox"/> No
05 Do you wish the cover to include extra charges (in case of loss) for:	express freight, overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No air freight? <input type="checkbox"/> Yes <input type="checkbox"/> No Limit of Indemnity for air freight.
06 Give details of any special extension of cover required _____	
We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any Policy issued in connection with the above risk(s). It is agreed that the Insures are liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature.	
The Insurers undertake to deal with this information in strict confidence.	
Signature: _____	
Date : _____	

SPECIFICATION OF PLANT AND MACHINERY TO BE INSURED

Item No.	Description of Items <i>Please give full and exact description of all machines, including name of manufacture, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.</i>	<i>Year of Manufacture</i>	Remarks <i>Give particulars of any part of the machinery to be insured which has had a breakdown or failure during the last three years, which shows any signs of repair, or which is exposed to any special risk</i>	Replacement Value <i>Please state current cost of repairing the machine by new machinery of the same kind and capacity (including oil in the case of transformer and switches) plus freight charges, customs duties, costs of erection and also value of foundations, if the latter are to be insured.</i>
				Total Sum Insured