

GA INSURANCE LTD
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Questionnaire and Proposal for Contractors' Plant and Machinery (CPM) Insurance

1.	Name and address of Proposer				
2	Insurance	On annual basis			
۷.	insurance	On annual basis	On annual basis		
		For Mont	hs/ Years (specify	period)	
		Geographical scope of	cover		
3.	Has there been any previous CPM insurance	☐ Yes ☐ N	o If so, for which item(s) of by what companies?	the specification and	

		The state of the s			
4.	Have the plant and machiner to be insured (partly or in	y	o If so, please specify the o address	wner's name and	
	total) been hired?				
5.	Are the plant and machinery	☐ Fire, explosion	☐ Earthqu	ake, volcanic activity, tsur	
	highly exposed to special hazards?	☐ Storm, cyclone	☐ Flood, i	nundation	
		☐ Landslide	☐ Blasting	3	
		☐ Employment in mo	untainous terrain - Employ	ment underground	
		Other			
6.	Do you wish the cover to include extra charges for	Overtime, night work, w	Overtime, night work, work on public holidays?		
	menude extra charges for	Limit of Indemnity for s	Limit of Indemnity for such extra charges:		
7.	Do you wish the cover to	☐ Yes ☐ I	No If so, please sp	ecify.	
include inland transport?		Maximum value transpo	Maximum value transported by one means of transport:		
statements made by us in this Questionnaire and Proposal are, to the best of is par		nd true, and we hereby agree nat this Questionnaire and oposal forms the basis and part of any policy issued in nnection with the above	It is agreed that the Insurers 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	
Ex	ecuted at	Date	Signa	iture	

Specification of Plant and Machinery to be Insured Description of items Please give full and exact description of all plant and machinery manus Name of manufacturer Type and serial number Output Output	ant and Machiner: Secription of all plant and n Type and serial number	y to be Ins nachinery Output	Year of manufacture	High exposure to special hazards Please specify hazards of item 5 overleaf	Replacement Value Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, costs of erection
					Total Sum Insured