



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

For Months/ Years (specify period)

Geographical scope of cover

3. Has there been any previous
CPM insurance

Yes

No

If so, for which item(s) of the specification and
by what companies?

4. Have the plant and machinery
to be insured (partly or in
total) been hired?

Yes

No

If so, please specify the owner's name and
address

5. 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

6. Do you wish the cover to
include extra charges for

Overtime, night work, work on public holidays?

Yes

No

Limit of Indemnity for such extra charges:

7. Do you wish the cover to
include inland transport?

Yes

No

If so, please specify.

Maximum value transported by one means of transport:

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

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

Executed at

Date

Signature
