



شركة الشركاء المتحدون لوساطة التأمين ذ.م.م
UNITED PARTNERS INSURANCE BROKERS CO. L.L.C

QUESTIONNAIRE AND PROPOSAL FOR BOILER AND PRESSURE VESSEL INSURANCE

1	Name of Proposer :	
	Address of Plant :	
2	Nature of Business :	
3	Name of chief Engineer or Plant Manger :	
4	Nearest railway station/airport :	
5	Has any of the boiler and pressure vessel plant to be insured previously been covered by other companies under a boiler policy or machinery insurance? :	YES <input type="checkbox"/> NO <input type="checkbox"/>
	(If so, which items of the specification?) :
	(By what companies?) :	
6	State when the insurance is to commence? :	Date : <input type="text"/> Time: <input type="text"/>
	(Period of insurance to expire at the same date and time next year)	
7	Does the specification include all the boiler and pressure vessel plant coverable under a boiler and pressure vessel policy? :	YES <input type="checkbox"/> NO <input type="checkbox"/>
	(If not, please indicate which items are excluded?) :
	(And why?) :	

<p>8</p>	<p>Did an accident ever occur to your boiler and/or pressure vessel plant? : YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(If so, give full particulars) :</p>
<p>9</p>	<p>Do you wish to include the main steam and feed water piping? : YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>10</p>	<p>Are all the items in good condition? : YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(If not, give particulars of defects, if any) :</p>
<p>11</p>	<p>Which part of the plant is subject to periodical inspections? :</p> <p>By whom is it inspected? :</p> <p>At what intervals? :</p> <p>Date of last inspection : <input type="text"/></p>
<p>12</p>	<p>What is the maximum load on safety valve? : <input type="text"/> psi</p> <p>What is the working pressure? : <input type="text"/> bar</p>
<p>13</p>	<p>Are boiler attendants solely employed on the boiler plant? : YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(If not, what proportion of their time is reserved for other duties?) :</p>
<p>14</p>	<p>: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(If to be insured, please indicate amount (limit of indemnity) applicable to surrounding property/third party liability (property and bodily injury)) : KD <input type="text"/></p>

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 Insurers are liable in accordance to 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 this:

Day of : Signature:

SPECIFICATION OF ITEMS TO BE INSURED

1	Marker's No. <input type="text"/>	Marker's Name <input type="text"/>		
	Type of boiler or pressure vessel * <input type="text"/>			
	Year of Manufacture <input type="text"/>	Steam output (tons/h) <input type="text"/>	Pressure (psi) <input type="text"/>	Kind of fuel <input type="text"/>
	Sum Insured ** <input type="text"/>			
2	Marker's No. <input type="text"/>	Marker's Name <input type="text"/>		
	Type of boiler or pressure vessel * <input type="text"/>			
	Year of Manufacture <input type="text"/>	Steam output (tons/h) <input type="text"/>	Pressure (psi) <input type="text"/>	Kind of fuel <input type="text"/>
	Sum Insured ** <input type="text"/>			
3	Marker's No. <input type="text"/>	Marker's Name <input type="text"/>		
	Type of boiler or pressure vessel * <input type="text"/>			
	Year of Manufacture <input type="text"/>	Steam output (tons/h) <input type="text"/>	Pressure (psi) <input type="text"/>	Kind of fuel <input type="text"/>
	Sum Insured ** <input type="text"/>			
4	Marker's No. <input type="text"/>	Marker's Name <input type="text"/>		
	Type of boiler or pressure vessel * <input type="text"/>			
	Year of Manufacture <input type="text"/>	Steam output (tons/h) <input type="text"/>	Pressure (psi) <input type="text"/>	Kind of fuel <input type="text"/>
	Sum Insured ** <input type="text"/>			
5	Marker's No. <input type="text"/>	Marker's Name <input type="text"/>		
	Type of boiler or pressure vessel * <input type="text"/>			
	Year of Manufacture <input type="text"/>	Steam output (tons/h) <input type="text"/>	Pressure (psi) <input type="text"/>	Kind of fuel <input type="text"/>
	Sum Insured ** <input type="text"/>			
Copies of the 3 latest boiler inspectors' certificates to be attached				
Total Sum Insured			<input type="text"/>	
Plus Amount for SP/TPL (See para 14.)			<input type="text"/>	
T			<input type="text"/>	

* (Please indicate for boilers: whether vertical, horizontal fire-tube or water-tube fire and unfired vessels: kind of vessel, dimensions and for what purpose used.)

**** (Please state Current cost of replacing the item by a new item of the same kind and capacity plus freight charges, customs duties and costs of erection.)**