



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

PROPOSAL FORM MACHINERY INSURANCE

1	Name of Proposer :		
	Address :		
	Address of plant :		
2	Nature of Business :		
3	Period of Insurance :	From : <input type="text"/>	To: <input type="text"/>
4	Do you wish to insure the foundations of the machinery? :	YES <input type="text"/>	NO <input type="text"/>
	If so, please give description :		
	Sum to be insured :	KD <input type="text"/>	
5	Does the specification include all the machinery coverable under a Machinery policy? :	YES <input type="text"/>	NO <input type="text"/>
	If No, please give reason :		
6	Do you wish the cover to include extra charges (in case of loss) for :		
	a) Express Freight, Overtime, Night Work, Work on Public Holidays? :	YES <input type="text"/>	NO <input type="text"/>
	b) Air freight? :	YES <input type="text"/>	NO <input type="text"/>
	Limit of indemnity for (b) i.e. air freight :	KD <input type="text"/>	
7	Details of machinery to be covered <i>(Please complete specification attached)</i>		
8	Are Machinery Parts available in the local market? :	YES <input type="text"/>	NO <input type="text"/>
9	Do you have stock of essential parts for emergency repairs? :	YES <input type="text"/>	NO <input type="text"/>
10	Claim experience during the last 3 years :		

We hereby declare that the statements made by us in this Proposal are, to be best of our knowledge and belief, complete and true, and we hereby agree that this Proposal forms the basis and is part of any policy issued in connection with the proposed risk(s).

Place:

Date : **Signature of the Insured:**

SPECIFICATION OF ITEMS TO BE INSURED

1	Description of Item										
	Year of Manufacture		Name of Manufacturer								
	Type		Output		Capacity		Speed				
	Load		Weight		Voltage		Amperage				
	Cycles		Fuel		Pressure		Temperature				
	Remarks*										
	Replacement Value ** KD										
2	Description of Item										
	Year of Manufacture		Name of Manufacturer								
	Type		Output		Capacity		Speed				
	Load		Weight		Voltage		Amperage				
	Cycles		Fuel		Pressure		Temperature				
	Remarks*										
	Replacement Value ** KD										
3	Description of Item										
	Year of Manufacture		Name of Manufacturer								
	Type		Output		Capacity		Speed				
	Load		Weight		Voltage		Amperage				
	Cycles		Fuel		Pressure		Temperature				

	Remarks*		
	Replacement Value **		KD

4	Description of Item							
	Year of Manufacture		Name of Manufacturer					
	Type		Output		Capacity		Speed	
	Load		Weight		Voltage		Amperage	
	Cycles		Fuel		Pressure		Temperature	
	Remarks*							
		Replacement Value **		KD				
5	Description of Item							
	Year of Manufacture		Name of Manufacturer					
	Type		Output		Capacity		Speed	
	Load		Weight		Voltage		Amperage	
	Cycles		Fuel		Pressure		Temperature	
	Remarks*							
		Replacement Value **		KD				
		Total of Replacement Value		KD				

* Give particulars of any part of the machinery to be insured which has had a break-down or failure during the last three years, which shows any signs of repair or which is exposed to any special risk.

** Please state current cost of replacing the machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, costs of erection and also value of foundations, if the latter are to be insured.

