



Solarelle
I N S U R A N C E

Plant & Machinery Insurance

Proposal form

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(if assigned to other interested parties)

Contact Name: _____

Mobile No: _____

Contact Name: _____

Email: _____

Cover required:

Type of Insurance

On annual basis

For months years (specify period)

Geographical scope of cover:

Period of Insurance: From: _____ To: _____

Subject Matter:

Details of Machinery to be insured:

	Machinery #1	Machinery #2	Machinery #3
SR. No:	_____	_____	_____
Description:	_____	_____	_____
Type:	_____	_____	_____
Model:	_____	_____	_____
Maker's Name:	_____	_____	_____
Country of Origin:	_____	_____	_____
Year of Make:	_____	_____	_____
Capacity of Machine:	_____	_____	_____
Serial No:	_____	_____	_____
HP/KVA:	_____	_____	_____
Volts, AMPS, RPM:	_____	_____	_____
Sum Insured	_____	_____	_____

Do you wish to required Third Party Liability Yes No
 If YES, please specify;
 For any one accident
 For all accident during the period

Do you require Earthquake Cover? Yes No
 Do you require Terrorism Cover? Yes No
 Dismantling of CPM equipments required? Yes No

Guide Note: Each machinery should be entered separately with necessary specifications as mentioned.
 Full description with identification no. etc. of each and every equipment with valuation should be declared.
 The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection costs, customs duty, etc., to afford full protection under the Policy.
 i. All Portable Machines must be so designated.
 ii. All items in the open must be so described separately.
 iii. Transit risks from site to site will be excluded.

General Information:

Location of Operation:
 Address: _____ Postal Code: _____

Do the items listed represent the entire machinery used by you at the above location?
 Yes No

Nature of Business: _____

Are you aware of any defects/damages existing in the machinery? Yes No
 If YES, give details thereof:

Name of Chief Engineer or Plant Manager

What fire extinguishing facilities exist in the premises?

Is there a fire alarm installed on the premises to be insured?

Yes No

Is there

i. a Burglar alarm installed on the premises?

Yes No

ii. closed circuit TV (CCTV) installed on the premises?

Yes No

iii. Smoke Detectors installed on the premises?

Yes No

iv. Sprinkler System installed on the premises?

Yes No

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: _____

Do you wish the cover to include extra charges for Overtime, night work, work on public holidays?

Overtime:

Yes No

Night Work:

Yes No

Work On Public Holidays:

Yes No

Limit of indemnity for such extra charges: _____

Do you wish the cover to include Inland transport?

Yes No

Maximum value transported by one means of transport: _____

Give details of any special extension of cover required:

Do you own or use any equipment other than that described above working on the same site?

Yes No

Is any of the equipment now proposed Licensed for road use?

Yes No

If YES, detail;

Registration no: _____

Licensed under: _____

Are you the owner of the proposed equipment?

Yes No

If NO, will you be hiring out?

Yes No

If the equipment is hired;

Is Insurance your responsibility?

Yes No

Is maintenance and operation your responsibility?

Yes No

Are the premises where the equipment operates well-guarded?

Yes No

What is the site condition where the equipment will be utilized?

Is the equipment likely to operate on reclaimed or soft ground?

Reclaimed:

Soft ground:

Are the equipments likely to operate underground?

Yes No

Are ground condition such that equipment is exposed to the risk of toppling over?

If YES, give details.

Yes No

Will equipment belonging to other contractors operate on the same site?

Yes No

Do you have trained and qualified operators?

Yes No

Are there any statutory rules governing the appointment?

Yes No

Which of the equipment's are required to be inspected and certified for operation by statutory rules?

Has your machinery sustained any damage from breakdown or other cause during last 3 years?

If Yes, give details of damage/s and repairing cost

Yes No

Is regular periodical inspection of the machinery carried out?

Yes No

If YES, by whom and at what intervals?

Expiry date of existing cover: (If any)

Name of the Previous Insurer: (If any)

Have you ever had a loss before?

Yes No

If YES, please give particulars:

Is there any Insurance on the same property in force with this or other Insurance?

If YES, state the amounts and the names of the Companies:

Yes No

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company? Yes No

Please enclose with this Proposal a recent Survey and Valuation Report, Photographs, and any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer: _____ Company Stamp: _____

Office use only

Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: