

Machinery Breakdown Insurance



Solarelle
I N S U R A N C E

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 Mortgage: _____
(if assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Details of the Plant

Type of Plant: _____ Year of Make: _____

Make and Model: _____ Date of the last overhaul and nature: _____

Date of Last Survey: _____ Name of the Surveyor: _____
(Please Attached the Surveyor's Report)

Use of the Plant: _____

Location of Plant

Address: _____ Postal Code: _____

Cover required:

Type of Insurance required: _____

Value to be insured:

Date of Purchase and Price paid: _____
(please attached the invoice copy)

Present Value: _____
If the sum insured requested is higher than the purchase price, please advise reason

Do you wish to insure the foundations of the machinery? Yes No
If YES, please state the relevant items of the specification.

Value: _____

Period of Insurance: From: _____ To: _____

General Information:

Nature of Business: _____

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

Do you wish the cover to include extra charges express freight, overtime, night work, work (in case of loss) for;
on public holidays ? Yes No

Airfreight? Yes No

If YES, Limit of indemnity for air freight: _____

Give details of any special extension of cover required

Expiry date of existing cover: (If any)

Name of the Previous Insurer: (If any)

Detail of the Previous Owner of the Plant and Machinery: (If any)

Have you ever had a loss before?

Yes No

If YES, please give particulars:

How many times a year is the bait hauled ashore for maintenance:

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: