



## CONTRACTOR'S PLANT AND MACHINERY (CPM) INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

### 1. PARTICULARS OF PROPOSER

Name of the Proposer (full): \_\_\_\_\_

Mobile Number: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Alternative Mobile Number: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Town: \_\_\_\_\_ County

Email Address 2: \_\_\_\_\_

ID/Passport Number/ Cert of Incorporation: \_\_\_\_\_ (Attach a copy)

PIN No: \_\_\_\_\_ (Attach a copy)

Profession or occupation: \_\_\_\_\_

Period of Insurance. From: \_\_\_\_\_ To: \_\_\_\_\_

Geographical cover: \_\_\_\_\_

2. Has there been any previous CPM Insurance? **YES** **NO**

If yes, for which Item (s) of specification and by what companies? \_\_\_\_\_

3. Has any plant and Machinery to be insured (partly or in total) been hired? **YES** **NO**

If yes, please specify machine/plant and owners name, address and mobile number

4. Please select all the special hazards the plants and machineries may be exposed to:

Fire Explosion

Storm, Cyclone, Flood, inundation

Earthquake, Volcanic activity, tsunami

Landslide

Blasting

Employment underground

Employment in mountainous terrain

Other, please specify

5. Do you wish the cover to include extra charges for:

a. Overtime, night work, work on public holidays? **YES** **NO**

Limit of indemnity for such extra charges:

6. Do you wish the cover to include inland transport? **YES** **NO** If yes, please specify

i. transport modes:

ii. Maximum value transported by one means of transport:

## 7. Specification of Plant & Machinery to be Insured

Item No	Description of Items Please give full and exact description of all Plant & Machinery			Year of Manufacture	High exposure to special hazards Please specify hazards of item 4. Overleaf	Replacement value Please state current cost of replacing the machine by new machinery of the same kind and capacity (Including oil in the case of transformers and switches) plus freight charges, customs duties, costs of erection.
	Name of Manufacture	Type and Serial Number	Output			
				<b>TOTAL Sum Insured</b>		

**DECLARATION**

I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

Name of Proposer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Agent/Broker \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_