



NITOL INSURANCE COMPANY LIMITED

Head Office: Nitol Centre, 71 Mohakhali C/A., Dhaka 1212
Phone : 8857247-8,8853083-4 Fax : 880-2-8826184

Questionnaire and Proposal for Machinery Breakdown Insurance No.

1.	Name and Address of Proposer			
	Address of Plant			
	Nature of Business			
	Name of Chief Engineer of Plant Manager			
	Nearest Railway Station/ Airport			
2.	Has any of the machinery to be insured previously been covered by other companies against breakdown?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	State when the Insurance is to commence	If so, which items of the specification and by what companies?		
		Date:	Time:	Period of Insurance to expire at the same date and time next year
3.	Do you wish to insure the foundations of the machinery?	<input type="checkbox"/> yes <input type="checkbox"/> no		
		If so, Please state the relevant items of the specification.		
4.	Does the specification include all the machinery coverable under Machinery Breakdown?	<input type="checkbox"/> yes <input type="checkbox"/> no		
		if not does the machinery to be insured represent all the machinery coverable in one plant section?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.	Do you wish the cover to include extra charges (in case of loss) for:	Express freight, overtime night work, work on public holidays?	<input type="checkbox"/> yes	<input type="checkbox"/> no
		Air Freight?	<input type="checkbox"/> yes	<input type="checkbox"/> no
		Limit of indemnity for air freight:		
6.	Give details of any special extension of cover required.			
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 agree that Insurers are liable in accordance with 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

Item No.	DESCRIPTION OF ITEMS Please give full and exact description of all machines including name of manufacture, type, output capacity, speed, load, weight voltage amperage, cycles, fuel, pressure, temperature etc.	Year of Manufacture	REMARKS Give particulars of any part of the machinery to be insured which has had a breakdown or failure during the last three years, which shows any sings of repair, or which is exposed to any special risk.	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 and also value of foundations, if the latter are to be insured.
TOTAL				