



**NITOL INSURANCE COMPANY LIMITED**  
**POWER PLANT OPERATIONAL PACKAGE INSURANCE**  
**PROPOSAL FORM**

1. **Name and Address of the Insured** :

2. **Nature of Risk** :

3. **Location** :

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

<b>5. Sum Insured :</b> (Section-wise) (a) Section-I (Property All Risks cover) <b>Description of the Property</b>	<b>Amount</b>
(i) Building	
(ii) Machinery	
(iii) Equipment (Others)	
(iv) Stock-In-Process	
(v) Stock of Raw Materials	
(vi) Stock of Finished Goods Godown	
(vii) Other Stocks (please separate sheet if necessary)	
<b>Sub Total:</b>	
(B) Section-II - Business Interruption cover (BI) (Indemnity period for 6 months)	
(i) Gross Profit (6 months)	
(ii) Wages (6 months)	
(iii) Standing charges (6 months)	
<b>Sub Total:</b>	
(C) Section-III – Third Party Liability	
(i) Bodily injury &/or death	
(ii) Property damage	
<b>Sub Total:</b>	
<b>Total Sum Insured/Limit of Indemnity</b>	

6. Limit of Indemnity :  
 (i) Material Damage including Machinery Breakdown (MD + MBD) for 1 year = BDT  
 (ii) Business Interruption (BI) for 6 months = BDT  
 (iii) Third Party & Property Damage Liability for 1 year = BDT

**7. General Information :**

- 7.1 When the civil construction started and completed?
- 7.2 When was the plant put into operation ?
- 7.3 Who constructed and what is the experience of the contractor?    Several Contractor
- 7.4 Who Erected the Machinery?    GE
- 7.5 Which are the finished products?    Electricity
- 7.6 What Developments/Modifications have been carried out?
- 7.7 How many persons are employed?     Skilled     Non-skilled     Expatriate

7.8 Operating period ? Shifts – 1 2 3

**8. Construction :**

- 8.1 Nature of Construction :
- 8.2 Type : Fire Resistant : (Describe briefly)   Non-Combustible
- 8.3 Are there automatic/manual smoke/heat vents / detectors:
- 8.4 State of maintenance
- 8.5 Are Buildings separated specially or divided by Fire wall and doors? (Describe briefly)
- 8.6 Are there lightning protection systems?   Type:
- 8.7 Can the risk be sub-divided into several Fire areas?   Number :

**9. (Utilities Common Hazards) :**

9.1 What is the source of Power?

9.2 What is the source of Water?

9.3 Are the Transformers protected?

Fixed fire fighting systems:-   Type :

Fire wall separated:-   Type :

Others:-

9.4 Are the cable penetrations sealed? Fire Proof    
Partially

9.5 Are there steam production facilities?

(Describe briefly)

9.6 What fuels are used for firing boilers, furnaces, heaters etc?

9.7 Are there air compressor?

9.8 From which sources is water supplied?

9.9 Internal transport by?

**10. Tankage / Storage :** N/A

**11. Processes:**

11.1 What are the manufacturing processing involved?  
(describe briefly)

Natural Gas = Engine = Alternator  
Electricity = Interconnection  
National Grid

11.2 What are the resultant intermediate and final products?  
(Flow chart be given)

Electricity

**12. Special Hazards:**

12.1 Process  
Are there specific hazardous  
process?  
(describe briefly)

 Yes No

12.2 Are flammable gases used ? :

 Yes No

**Quantity :**

12.3 Are flammable liquid used ?

 Yes No

**Quantity :**

12.4 Are there explosive dusts?

 Yes No

Type :

**Quantity :**

**13. Electronic Data Processing Unit :**

Is there separation by Fire walls from adjacent areas?

 Yes No

Is the location secured from external Fire, Explosion,  
Water Damage

 Yes No

**14. Management:**

Is smoking controlled? Yes

**15. Maintenance / Inspection:**

15.1 Are the Machinery/Electrical installation well  
maintained

 Yes No

15.2 Is the alarm and Fire Fighting Equipment inspected regularly? Yes

**16. Fire/Explosion Protection:**

**16.1 Fire Alarms:**

Are there manual alarm systems such as push buttons throughout the plant

 Yes No

What other means of alerting fire brigades are available?

Telephones

Walkie Talkie

Radio Communication

Are manual alarm systems connected to the nearest fire station ?

Yes

No

What types of automatic detection systems are present?

Heat

Smoke

Gas Flame -

detectors Number:-

Is there a central alarm station?

Fire Station

Gate House

Control Room(s)

**17. Fire Water Supplies:**

Is the risk connected to the public water supply?

Yes

No

Own water supply?

Yes

No

Tank(s) Reservoir(s) Pond Walls

Elevated Tanks Others

What is the minimum amount of fire water available?

<500m3 Between 500m3 and 1000 m3 >1000m3

Are there fire pumps which draw from the above mentioned water sources?

Number : Manually Operated Automatic Electric Drive Diesel or turbine driven

Capacities / Pressures

What is the diameter of the fire mains?

Maximum

Minimum

Are there dry or wet risers in high structures?

Yes

No

Number, type and distribution of hydrants and fixed monitors? 07 Nos.

Are there hose connections with hoses and nozzles in building

Yes

No

**18. Fire Extinguishers:**

What types, sizes and number of extinguishers are available?

Dry Power Number:- Size:

Water Number:- Size:

CO2 Number:- Size:

Halon Number:- Size: Others

**Maintained regularly by:-**

**19. Fixed installed, automatic Fire Fighting Systems:**

Are automatic sprinkler systems installed?

Yes

No

Type:

Wet

Dry

Areas Protected:

Are Water deluge systems installed with open sprinkler heads?  Yes  No

Areas /Units Protected:

Are dry powder, CO2 and/or Halon Systems installed?  Yes  No

Dry Powder  CO2  Halon

Are foam extinguishing systems installed?  Yes  No

Areas Protected: Whole Plant

20. **Fire Brigade:**

Is there a private fire brigade?  Yes  No **Full Time:-**  Yes  No

Minimum staff per shift:

Can the full time fire brigade be supported by trained plant personnel?  Yes  No

Number of volunteer firemen per shift?

Are there regular fire drills and instructions?  Weekly  Monthly  None

Is there a private fire station?  Yes  No **Fire Trucks**  Yes  No Number:

Is there a stock of fire fighting agents?  Yes  No

**Powder Quantity:**..... Kg **Foam Concentrate:-** **Quantity:** **Litres:**

**Others:**

Where is the nearest public fire brigade? 

<input type="checkbox"/>	<input checked="" type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
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Full Time  Part Time

**Distance:** 05 Km **Response Time:** Min. 10 **Equipment:**

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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Is the public fire brigade familiar with the plant?  Yes  No

Is there a mutual aid agreement with neighboring works fire brigades?  Yes  No

21. **Claim experience of the last five years.**

Sl.#	Year	Name of the previous Insurer/Insurers	Premium Income	Claim Intimated	Claim Paid	Claim Repudiated	Claim Outstanding
1.							
2.							
3.							
4.							
5.							

**Seal & Signature of the**

**Insured  
Dated:**