

**Questionnaire and Proposal for
Contractors' Plant and Machinery (CPM) Insurance**

Name and address of the proposer	
Insurance	<input type="checkbox"/> On annual basis
	<input type="checkbox"/> For _____ months/ _____ years (specify period)
	Geographical scope of cover
Has there been any previous CPM insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, for which item(s) of the specification and by what companies?
Have the plant and machinery to be insured (partly or in total) been hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify the owner's name and address,
Are the plant and machinery highly exposed to special hazards?	<input type="checkbox"/> Fire ,explosion <input type="checkbox"/> Earthquake, volcanic activity, tsunami <input type="checkbox"/> Storm, cyclone <input type="checkbox"/> Flood, inundation <input type="checkbox"/> Landslide <input type="checkbox"/> Blasting <input type="checkbox"/> Employment in mountainous terrain <input type="checkbox"/> Employment underground <input type="checkbox"/> Other
Do you wish the cover to include extra charges for	Overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Limit of indemnity for such extra charges:
Do you wish the cover to include inland transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify.
	Maximum value transported by one means of transport:
We hereby declare that the statements made by us in this Questionnaire and proposal are 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. It is agreed that the 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	Date Signature

Agents for **ARABIA** Insurance Company s.a.l

Item No.	Description of items Please give full and exact description of all plant and machinery			Year of Manufacture	High exposure to special hazards please specify hazards o Item 5 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 manufacturer	Type and serial number	Output			
Total Sum Insured						