

PLANT & MACHINERY PROPOSAL FORM

Please answer every applicable question and attach supporting documents

HOW TO COMPLETE THIS FORM

1. Complete the form in BLOCK LETTERS.
2. Answer every question fully. Where a question does not apply, enter N/A.
3. Attach supplementary sheets where more space is required and identify the relevant question.
4. Tick the appropriate option wherever applicable.
5. Contact the Company's office or your agent for clarification where required.

Information supplied will be treated in strict confidence. 'You' and 'Your' refer to the proposer.

Period of insurance - From

To

Nearest railway station and distance

Do the scheduled items represent all machinery used at the location?

☐ Yes

☐ No

Are you currently insured?

☐ Yes

☐ No

If Yes, give insurer name and policy number.

Has an insurer declined to insure any proposed machinery?

☐ Yes

☐ No

Has an insurer required an increased premium or special conditions?

☐ Yes

☐ No

PROPOSER INFORMATION

Name of proposer (in full)

Trade, business or occupation

Postal address

Telephone / mobile number

Email address

LOCATION OF OPERATION

Is the risk location the same as the proposer address?

☐ Yes

☐ No

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Street name

Locality

Use a supplementary sheet where there are multiple risk locations.

OFFICE USE ONLY

Express freight, overtime and holiday wages

Air freight

Owner's surrounding property

Clearance and removal of debris

Terrain: plain, hilly, quarry, offshore or other

EQUIPMENT OWNERSHIP AND OPERATION

Have repairs or other risk-improvement measures been requested?

☐ Yes☐ No

Are you aware of existing defects or damage in the machinery?

☐ Yes☐ No

If Yes, give details.

Do you own or use equipment not described in this form at the same site?

☐ Yes☐ No

Is any proposed equipment licensed for road use?

☐ Yes☐ No

If Yes, give registration details.

Is any proposed equipment covered by another insurance?

☐ Yes☐ No

If Yes, give details.

Are you the owner of the proposed equipment?

☐ Yes☐ No

Will you hire out the equipment?

☐ Yes☐ No

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For hired equipment, is insurance your responsibility?

☐ Yes

☐ No

For hired equipment, are maintenance and operation your responsibility?

☐ Yes

☐ No

Are the premises where the equipment operates well guarded?

☐ Yes

☐ No

Describe the site conditions where the equipment will be used.

Is the equipment likely to operate on reclaimed or soft ground?

☐ Yes

☐ No

Is the equipment likely to operate underground?

☐ Yes

☐ No

Do ground conditions expose the equipment to toppling risk?

☐ Yes

☐ No

If Yes, give details.

Is the site exposed to flood, sea damage, storm or another natural calamity?

☐ Yes

☐ No

If Yes, give details and the safety precautions taken.

Will equipment belonging to other contractors operate at the same site?

☐ Yes

☐ No

Do you have trained and qualified operators?

☐ Yes

☐ No

Are statutory rules applicable to operator appointment or equipment certification?

☐ Yes

☐ No

Identify equipment requiring statutory inspection and certification.

MAINTENANCE AND LOSS HISTORY

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Has the machinery sustained breakdown or other damage during the last three years?

☐ Yes

☐ No

If Yes, give details and repair costs.

Is regular periodic inspection carried out?

☐ Yes

☐ No

If Yes, state by whom and at what intervals.

REQUIRED DOCUMENT

☐ Latest machinery inspection certificate submitted

Do you require additional cover on payment of an additional premium?

☐ Yes

☐ No

If Yes, identify the cover and required limits of indemnity.

SCHEDULE OF MACHINERY

Item	Type / description	Model	Identification / serial no.	Value (UGX)	Year manufactured

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Schedule of machinery - continued

SCHEDULE OF MACHINERY - CONTINUED

Item	Type / description	Model	Identification / serial no.	Value (UGX)	Year manufactured

Maker's name

Country of origin

Year of make / sum insured

Capacity / serial number

Enter each machine separately with full specifications and current new-replacement value, including packing, freight, foundations, erection and customs duty. Identify portable machines and items kept in the open. Transit between sites is excluded.

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Declaration and intermediary details

DECLARATION

I/We declare that the answers and statements in this proposal are true and that I/we have not withheld any material information. I/We agree that this declaration, the answers given above, and any proposal, declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and the Company. I/We further agree to accept indemnity subject to the conditions endorsed on the Company's policy.

Date of proposal

Signature and stamp of proposer

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID.

AGENT / BROKER / CONTACT PERSON

Name

Date

Signature

Comments