



यूनाइटेड अजोड इन्स्योरेन्स लिमिटेड

United Ajod Insurance Limited

United by Trust

(Former: United Insurance Co. (Nepal) Ltd. & Ajod Insurance Limited)

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QUESTIONNAIRE AND PROPOSAL FOR MACHINERY INSURANCE

1.	Name and address of proposer	_____		
	Address of plant	_____		
	Nature of business	_____		
	Name of chief engineer or plant manager	_____		
	Nearest railway station/ airport	_____		
2.	Has any of the machinery to be insured previously been covered by other companies ?	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
	If so, which items of the specification and by what companies ?	_____		
	State when the insurance is to commence.	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 a Machinery policy ?	_____	<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 agreed that the Company is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of The Company undertakes to deal with this information in strict confidence.whatever nature.				
Executed at _____ this _____ day of _____ 20_____				
Signature _____				

Specification of Items to be Insured

Item No.	Description of items Please give full and exact description of all machines including name of manufacturer, 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 had a break-down or failure during the last three years, which shows any signs 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				