

INSURER: .....

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## Questionnaire and Proposal for Contractors' Plant and Machinery (CPM) Insurance No.

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1. Name and address or proposer

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2. Insurance

On annual basis

For        months/        Years (specify period)

Geographical scope of cover

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3. Has there been any previous  
CPM Insurance?

Yes

No

If so, for which item(s) of the specification  
and by what companies?

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4. Have the plant and machinery to be  
insured (partly or in total) been hired?

Yes

No

If so, please specify the owner's name and address

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5. Are there plant and machinery  
highly exposed to special  
hazards?

Fire, explosion

Earthquake, volcanic activity, tsunami

Storm, cyclone

Flood, inundation

Landslide

Blasting

Employment in mountainous terrain

Employment underground

Other

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6. Do you wish the cover to include  
extra charges for

Overtime, night work, work on public holidays?

Yes

No

Limit of indemnity for such extra charges:

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7. Do you wish the cover to include  
inland transport?

Yes

No

If so, please specify.

Maximum value transported by one means of transport:

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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.

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

this

day of

20

Signature

# Specification of Plant and Machinery to be Insured

| Item No. | Description of items<br>Please give full and exact description of all plant and machinery |                        |        | Year of manufacture | High exposure to special hazards<br>Please specify hazards of item 5 overleaf. | Replacement<br>Please state by new machinery or oil in the case of charges, etc. |
|----------|---|------------------------|--------|---------------------|--|--|
|          | Name of manufacturer  | Type and serial number | Output |                     |  |  |
|          |   |                        |        |                     |  |  |

Total Sum Insured