



## CONTRACTORS' PLANT AND MACHINERY (CPM) INSURANCE PROPOSAL FORM

1.	Name of the Proposer in full (IN BLOCK LETTERS)					
2.	Address for communication P.B. No. P.C. No. Location					
3.	Tel. No. GSM No. Fax. No. Email Id					
4.	Description of the Business / Profession / Trade and how long established?					
5.	Period of Insurance required	From	To			
6.	Location of operation (Please use additional sheets if machinery is used in multi location).					
7.	<b>Schedule of Machinery to be insured</b>					
	S. No.	Quantity	Description, Type, Model, Capacity of Machines / Sr. No./ HP/ KVA. Volts, Amps, RPM	Maker's Name and Country of Origin	Year of Make & Regn. No.	Sum Insured (Present Replacement Value)
8.	Have the plant and machinery to be insured (partly or in total) been hired? If Yes, please specify the owner's name and address.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
9.	Do you have trained and qualified operators?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
10.	a. Is regular periodical inspection of the machinery carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	b. If so, by whom and at what	<input type="checkbox"/> Yes				





	intervals?	<input type="checkbox"/> No		
11.	Do you wish the cover to include extra charges for <ul style="list-style-type: none"> <li>Overtime, night work, work on public holidays</li> <li>Limit of indemnity for such charges.</li> </ul> If Yes, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Do you wish the cover to include Inland transport?  If Yes, please specify <ul style="list-style-type: none"> <li>Maximum value transported by one means of transport.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13.	Current / Expiring Policy information <ul style="list-style-type: none"> <li>Current Insurer</li> <li>Policy Period</li> <li>Loss Information</li> </ul>			
	Year	Number of Claims	Amount	
14.	Has this insurance been <ul style="list-style-type: none"> <li>Declined</li> <li>Cancelled by other insurance Company</li> <li>Any Special Conditions imposed</li> </ul>	Yes / No Yes / No Yes / No		
15.	Is the proposed property insured with any other Insurance Company with same type of coverage?  If so, give details	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Any other relevant information			

### DECLARATION

I/ We understand and agree that the information disclosed in this proposal will form the basis of the insurance contract. I/ We also declare that the information and details mentioned in this proposal are correct to the best of my / our knowledge and if proven otherwise in any respect, the insurance contract will become null and void without any notice.





Place:

Date:

Signature of the Proposer

**NOTE:**

The contract will not be in force until the proposal has been accepted by the Company. This contract is governed by the insurance regulations of The Sultanate of Oman.

