PRIME INSURANCE COMPANY LIMITED

P.O BOX 30280,LILONGWE 3, MALAWI | (H/O) CHIEF KILIPULA BUILDING
Tel: +265 01 753012/757721 | Fax: +265 01 756320
Website: www.primeinsurancemw.com
Email: prime@primeinsurance.mw

Questionaire and Proposal for Contractors' Plant and Machinery (CPM) Insurance no.

1. Name and address Of proposer _____

2. Insurance
   - ☐ On annual basis
   - ☐ For months/ years (specify period)

   Geographical scope of cover

3. Has there been any previous CPM Insurance ☐ Yes ☐ No If so, for which item(s) of the specification and by what companies?

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

5. Are the 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

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:

_____

_____

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 whatsoever nature. The insurers undertake to deal with this information in strict confidence

Executed at Date Signature

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Specification of Plant and Machinery to be Insured

Item No	Description of Items Please give full and exact description of all plant and machinery			Year of Manufac-ture	High exposure to special hazards Please specify hazards of 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 _____