

MAYFAIR INSURANCE COMPANY LIMITED

8TH FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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MACHINERY INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Physical location of plant: _____

Nature of business: _____

Name of chief engineer/plant manager _____

Period of Insurance: From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF THE INSURANCE

1. Has any of the machinery to be insured previously been covered by other companies? YES NO

If YES, give details of specification of items and by what companies _____

2. Do you wish to insure the foundations of the machinery? YES NO

If YES, give specification of the relevant items _____

3. Does the specification include all the machinery coverable under a machinery policy? YES NO

If NO, does the machinery to be insured represent all the machinery coverable in

one plant section? YES NO

4. Do you wish the cover to include extra charges (in case of loss) for:
Express air freight, overtime, night work, work on public holidays?

YES

NO

Air freight?

YES

NO

If YES, state the limit of indemnity for air freight required _____

5. Give details of any special extension of cover required _____

DECLARATION

I/We hereby declare that the statements made by us in this Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this 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 whatever nature. The Company undertakes to deal with this information in strict confidence.

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**

| 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, amperage, cycles, fuel, pressure, temperature, etc | Year of manufacture | Remarks Give particulars of any part of the machinery to be insured which has had a breakdown 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 is to be insured |
| | | | | |
| TOTAL | | | | |

