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Bhutan Insurance Limited
Providing Security, Building Confidence

Your insurer of
CHOICE

PROPOSAL FOR CONTRACTOR'S PLANT & MACHINERY INSURANCE

Proposal no: **Agent:**

(The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium paid)
(Information given herein will be treated in strict confidence)

PUT A TICK Mark wherever applicable

- a) Proposer's Name and Address _____
- b) Proposer's Trade or Business _____ Business Registration No.(If any) _____
- c) Proposer's Postal Address _____
- d) Email Address (If any) _____
- e) Telephone Number _____ Mobile Number _____
- f) Location of Operation (site of property to be insured) _____
- g) Hypothecation of Machine: _____
- h) Nearest Railway Station and Distance _____

1. Do the items listed represent the entire machinery used by you at the above location?

- 2. (a) Are you at present Insured : (a) Yes / No
- (b) If so, with whom? (b) _____

3. Has any Company

- (a) Declined to insure any of the machinery now proposed? (a) Yes / No
- (b) Required an increased premium or imposed special conditions? (b) Yes / No
- (c) Requested for repairs or made other special stipulations for risk improvement? (c) Yes / No

- 4. (a) Are you aware of any defects/damage existing in the machinery? (a) Yes / No
- (b) If so, give details there of (b) _____

5. Do you own or use any equipment other than that described above working on the same site?

- 6. Is any of the equipment now proposed
- (a) Licensed for road use? If so, give details (a) _____
- (b) Covered by any other insurance? If so give details (b) _____



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7. (a) Are you the owner of the proposed equipment? If yes will you be hiring out?
- (b) If the equipment is hired ;
- (i) is insurance your responsibility ?
- (ii) is maintenance and operation your responsibility ?
8. Are the premises where the equipment operates well guarded?
-
9. (a) Are you the owner of the proposed equipment? If yes will you be hiring out?
- (b) What is the site condition where the equipment will be utilized?
- (c) Are the equipment likely to operate on reclaimed or soft ground?
- (d) Are ground conditions such that equipment is exposed to the risk of toppling over? If so, give details?
- (e) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give details and safety precautions taken.
-
10. Will equipment belonging to other contractors operate on the same site?
11. Do you have trained and qualified operators? Are there any statutory rules governing the appointment?
12. Which of the equipments are required to inspected and certified for operation by statutory rules?
13. (a) Has your machinery sustained any damage from break down or other cause during last 3 year ? (a) Yes / No
- (b) If so give details of damage/s and repairing cost.
-
14. (a) Are regular periodical inspections of the machinery carried out? (a) Yes / No
- (b) If so, by whom and at what intervals?
15. On payment of additional premium do you wish to cover :- (If yes, provide limits of indemnity)
- (a) Express freight (excluding Airfreight), overtime and Holiday rates of wages (a) Yes No...../.....No



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- (b) Owners surrounding property. (b) Yes Nu...../..... No
- (c) Clearance & Removal of Debris (c) Yes Nu...../..... No
- (d) Third Party Liability :
- (i) For any one accidents (d) Yes.....i) Nu...../.....No
- (ii) For all accidents during the period (ii) Nu...../..... No

16. Period of Insurance From:..... To:.....

SCHEDULE OF MACHINERY TO BE INSURED

GUIDE NOTES:

- I. Each Machinery should be entered separately with necessary specifications as mentioned in Schedule Column No. 3
- II. The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection cost customs duty, etc. to afford full protection under this Policy.
- III. If any of the Machines is a 'Stand By' this fact should be mentioned.
- IV. All portable Machines must be so designated. All items in the open must be so described separately.

Sl. No.	Quantity	Description Type, Model, Capacity of Machine/Serial No. HP/KVA Volts, AMPS,RPM	Maker's Name and Country of Origin	Year of Make	Sum Insured (Nu.)	Premium (Nu.)
1	2	3	4	5	6	7



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Deductible Excess shall be as under:

Consent/Declaration

I/We hereby declare that to the best of my/our knowledge & relief, the above statements in the proposal are true and complete and I have not withheld any information. I/We agree that this proposal shall be the basis of contract between me/us and the company and understand that it is my/our duty to take reasonable care of my/our property.

I/We further agree to accept indemnity subject to the terms, conditions & exceptions of the company.

NOTE: Liability does not begin until this proposal has been accepted by the company and the premium paid, except as provided by any official cover note issued by the company.

Signature of Proposer (with Legal Stamp)

Signature of Representative (with legal stamp)

Name.....

Name.....

CID Number.....

CID Number.....

Mobile Number.....

Mobile Number.....

Date.....

Date.....