



PLANT ALL RISK INSURANCE PROPOSAL FORM

Important Note

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company's acceptance and assessment of this proposal) will render the insurance void. If you are in doubt of the facts which might be considered material, you should disclose them. The liability of the company does not commence until AFC has accepted this proposal and the premium paid, except as any Office Certificate issued on behalf of the company.

GENERAL INFORMATION OF THE PROPOSER

Name		Surname	
Residential Address			
Occupation		E-Mail Address	
Phone Number	Business		Mobile Number
Period Of Cover :	From		To

**Minimum period of insurance is 4 months*

1. Will the plant be operated by (Tick Applicable)? **Provide details if "YES"**
- | | | | |
|---------------------------------|------------------------------|-----------------------------|--|
| a) Owner Only | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| b) Specific Operator | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| c) General Operator | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| d) Casual / Part-time Operators | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
2. Are operators previous employment records, including accident records checked? Yes No
3. Are the operators possess a valid permit/license to operate the plant? Yes No
4. Are operators subjected to full medical examinations prior to and during employment? Yes No
5. Detail any precautions in place to avoid losses arising out of theft, hi-jack or accident:
- | | | |
|--|------------------------------|-----------------------------|
| a) Are anti-theft tracking devices fitted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Is any plant fitted with tachographics / telematics or other managment devices? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
6. How is the plant protected when not in use?
- | | |
|---|--|
| a) Whilst on Site | |
| b) Whilst at Proposer's Premises is there a history of such damage in the area? | |
6. Will the insured plant be hired out Yes No
7. Has any company/insurer ever:
- | | | | |
|----------------------------------|------------------------------|-----------------------------|-------|
| a) Refused to renew your policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| b) Cancelled any policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| c) Imposed special terms? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
8. Is transit cover required? Yes No

Plant Information

Make & Model	Year	Reg. No	New Replacement Cost

**Please attach full schedule of the plant*

Claims Experience/ details for the past 3 years

Date of Loss	Plant	Description of Loss	Gross Damage

**Please attach a full list of occurrences*

Signature of Proposer _____ **Date** ___/___/___ **Time** ___AM/PM

Name of Agent/ Underwriter _____ **Signature** _____

Disclosure

I/We hereby declare that the statements made by me/us in this Proposal is/are, to the best of my/our knowledge and belief, complete and true, and I/we hereby agree that this information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the AFC Insurance is liable in accordance with the terms of the Policy only.