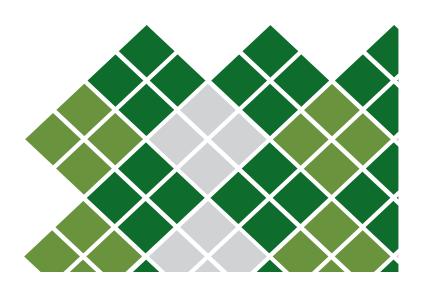


# CONSORT TECHNICAL UNDERWRITERS

TRUSTED ENGINEERING INSURANCE

Machinery Breakdown (MB) Insurance

**Proposal Form** 



Broker / Agent Information					
Broker Name:		FAIS No:			
Branch Name:					
Consort Agency Number:					
Broker Contact Person:					
Tel No:	Fax No	e: E-mail Add	ress:		
	Propo	ser Information			
Proposer's Name:					
Type of Business:					
Postal Address:		Physical Address:			
	Postal Code:		Postal Code:		
Contact Person:					
Tel No:	F	Fax No:	ell No:		
E-mail Address:					
Proposer's VAT Number:	Proposer's Company Registeration Number:				
Holding Company Details:					
Financial Year End:	Commencement Date of Business:				
* Annual Turnover:					

\* For PPR Purposes

Sum Insured (NRV)

Age

# Machinery Insurance Information

Description of Machinery

### **Schedule of Machinery**

Item Number

- 1) All standby machines to be described
- 2) Major items of plant to precede process machinery

NOTE:						
	is extended to incluncluded within the S	ude Foundations and Masonry the rum Insured.	en the description	of Machiner	ry must state this ar	nd the
2) The value of ref	rigeration in Air-Con	aditioning Machinery should inclu	de the cost of Refr	igerant or C	coolant.	
2.1) Specify th	e nature of gas me	dia e.g. Ammonia, Freon 22 etc.:				
3) Are there any sp	pecial hazards or cir	cumstances e.g. / the mode of c	pperation (compu	ter controlle	d)? (Yes	○No
a) If yes, pleas	se specify:					
b) Is the mach	ninery currently insur	ed against Machinery Breakdow	n?	○No		
If yes, by wh	nich Company?					

4) Business Working Details	s:			
i) Normal Operation shifts per day:		One Shift per day	○ Two Shifts per day	○Three Shifts per day
Normal	Working Hours:	From	То	
[	Days per Week:			
ii) Seasonal Operation	n shifts per day:	One Shift per day	Two Shifts per day	○Three Shifts per day
Normal	Working Hours:	From	То	
]	Days per Week:			
Sp	pecify Reasons:			
5) Has any of the machine in the last 3 years?	ery or installations	s suffered loss or damaç	ge by electrical / mechanica	al breakdown Yes No
If yes, please specify:				
Date	Iten	n	Cause	Cost
6) Are there any machine	ry or installations	still under manufacture	r's guarantee?	○Yes ○No
If yes, please specify:				
Expiry Date			ltem	
7) Give general observation	ons on the stando	ard of:		
i) House Keeping:	Below Avera	ge \(\text{Average}\)	Above Average	
ii) Risk:				

Comment on the general condition of the r	machinery:	
Is any of the machinery operating with a kn	own defect?	○Yes ○No
If yes, please specify:		
Item:		
	Maintenanc	ce / Spares
Maintenance of machinery: Comment brie Annual Shutdown etc.	fly on the maintenai	ance programme in force - e.g. Planned, Weekly, Monthly,
Are repairs possible in the workshop?  If no, please specify which items and where	○Yes e repairs can be don	○No ne:
Item		Location
Are major spares held on site?	○Yes	○No
Are spares available locally?	○Yes	○No
no, please specify which items:		
Item		Location

Extensions of Cover					
Surrounding Property:	○Yes	○No	Sum Insured:		
Loss of Raw Materials in Process:	○Yes	○No	Sum Insured:		
Deterioration of Stock:	○Yes	○No	Sum Insured:		
If yes, please complete seperate propo	If yes, please complete seperate proposal form				
General Comments					

# Declaration

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 information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.

# **POPI Clause**

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

Date:		Name of authorised signature:	
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<sup>\*</sup> Please note that for this document to be deemed authentic, it must be sent from a nameserver (e.g. person@yourcompany.co.za) and not a web based e-mail service