

QUESTIONNAIRE and PROPOSAL for
MACHINERY BREAKDOWN INSURANCE
 No.



PT. (Persero) Asuransi Ekspor Indonesia
Indonesia Export Credit Insurance
 Cabang Jakarta
 Gd. Adhi Graha Lt. 18, Jl. Jend. Gatot Subroto Kav. 56, Jakarta
 12950
 Tel. (62-021) 5277979 Fax: (62-021) 5793 0682, 5793 0683

1.	Name and address of proposer			
	Address of plant	_____		
	Nature of business	_____		
	Name of chief engineer or plant manager	_____		
	Nearest railway station / airport	_____		

2.	Has any of the machinery to be insured previously been covered by other companies against breakdown ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		If so, which items of the specification and by what companies ?		

	State when the Insurance is to commence			
		Date :	Time :	Period of Insurance to expire at the same date and time next year
3.	Do you wish to insure the foundations of the machinery ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		If so, please state the relevant items of the specification		

4.	Does the specification include all the machinery coverable under machinery breakdown ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		If not, does the machinery to be insured represent all the machinery coverable in one plant section ?		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do you wish the cover to include extra charges (in case of loss) for :	Express freight, overtime, night work, work on public holidays ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Air freight ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Limit of indemnity for air freight :		

6.	Give details of any special extension of cover required _____			
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 (s)		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 whatever nature
				The Insurers undertake to deal with this information in strict confidence.
Executed at		This	Day of	20
				Signature

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, voltage, 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, custom duties, costs of re-erection and also value of foundations, if the latter are to be insured.