



# NITOL INSURANCE COMPANY LIMITED

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## PROPOSAL FORM FOR CONTRACTOR'S PLANT AND MACHINERY (CPM) INSURANCE

1.	Name and Address of Proposer	
2.	Insurance	<input type="checkbox"/> On annual basis <input type="checkbox"/> for <input type="text"/> months <input type="text"/> year Specified Period : Geographical scope of cover :
3.	Has there been any previous CPM insurance? If so, for which item(s) of the specification and by what companies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have the plant and machinery to be insured (partly or in total) been hired? If so, please specify the owner's name and address	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are the plant and machinery highly exposed to special hazards?	<input type="checkbox"/> Fire, explosion <input type="checkbox"/> Earthquake, volcanic activity, tsunami <input type="checkbox"/> Storm, cyclone <input type="checkbox"/> Flood, inundation <input type="checkbox"/> Landslide <input type="checkbox"/> Employment in mountainous terrain <input type="checkbox"/> Blasting <input type="checkbox"/> Employment underground <input type="checkbox"/> Other, Please Specify :
6.	Do you wish the cover to include extra charges for overtime, night work, and work on public holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit of indemnity for such extra charges
7.	Do you wish the cover to include inland transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify : Maximum value transported by one means of transport :

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 insured in connection with the

above risk. 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

Date

Signature

### Specification of Plant and Machinery to be insured

Item No.	DESCRIPTION OF ITEMS Please give full and exact description of all plant and machinery			Year of Manufacture	High exposure to special hazards Please specify hazards of item 5 overleaf.	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.
	Name of Manufacture	Type and serial number	Output			
<b>Total Sum Insured</b>						