



# NECOINSURANCE LTD.

P.O.Box# 12271, Hattisar, Lal Durbar, Kathmandu, Nepal  
 Tel# ++977-1-4427355, Fax# ++977-1-4418761  
 E-mail: info@necoins.com.np

## PROPOSAL FOR MACHINERY INSURANCE

(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)

PUTA (/) MARK WHEREVER APPLICABLE

- (a) Proposer's Name  
 (b) Proposer's Trade or Business  
 (c) Proposer's Postal Address  
 (d) Address Where Plant to be Insured is located  
 (e) Nearest Railway Station & Distance

1. Do the items listed represent the whole of the plant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. (a) Are you at present Insured (b) If so, with whom?	(a) (b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has any company			
(a) Declined to insure any of the Machinery now proposed?	(a)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Required increased premium of other special stipulations for risk improvement?	(c)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. (a) Are you aware of any defects/damage existing in the machinery? (b) If so give details thereof.	(a) (b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. (a) Has your machinery sustained any damage from breakdown or other cause during last 3 years? (b) If so give details of damage/s and Repairing cost.	(a) (b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. (a) Are regular periodical inspections of the machinery carried out? (b) If so, by whom and what intervals?	(a) (b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. On payment of additional premium do you wish to cover		If yes, provided limits of indemnity	
(a) Express Freight (excluding Airfreight, overtime and Holiday rates of wages)	(a)	Rs.	No
(b) Owners Surrounding Property	(b)	Rs.	No
(c) Third Party Liability	(c)	Rs.	No
8. Period of Insurance	.....From		

# SCHEDULE OF MACHINERY TO BE INSURED

## GUIDE NOTES

1. Each Machinery should be entered separately with necessary specifications as mentioned in Schedule Column No. 3.
2. 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 costs customs duty, etc. to afford full protection under this Policy.
3. If any of the Machines is a 'Stand by' this fact should be mentioned.
4. All portable Machines must be so designated. All items in the open must be so described separately.
5. Separate value for foundations, masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required.

S.No.	Quantity	Description, Type, Mode Capacity of Machine/Sl. No./HP/KVA Volts, AMPS, R.P.M.	Maker's Name & country of origin	Year of Make	Sum Insured
1	2	3	4	5	6

I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

Place.....

Date.....

Proposer's Signature.....