*BUSINESS INTERRUPTION PROPOSAL FORM*

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable. Name of Agent/Broker

 PARTICULARS OF THE PROPOSER

Name of the proposer (in full) Postal Address P.O. Box Town Telephone

Profession or Occupation (Nature of business) Period of Insurance: From To TPIN (Attach copy of certificate)

 PARTICULARS OF THE BUSINESS AND WORKS TO BE INSURED

1. What works of your business are to be insured against Machinery Loss of Profits (names and address of the works, their purposes)?
2. What company insures these works against:
	1. Fire?
	2. Fire Loss of Profits?
3. What company covers the machinery to be insured under a machinery break down policy?

Date of issue of the Machinery Breakdown policy?

1. Has the machinery to be insured been formerly covered by other companies against Machinery Loss of Profits?

**NO**

**YES**

If YES, state the name of the company

1. What chartered accountant (name and address) audits the company and at what intervals?
2. When was your firm established?
3. Since when has the works to be insured existed?
4. Since when has the current production method used in the works to be insured been applied?
5. What interruptions due to a machinery loss have occurred in the works to be insured during the last 5 years? Number and types:

Duration: Due to machinery of item no:

 GIVE A BRIEF DESCRIPTION OF THE PRODUCTION PROCESS,MAKING ALLOWANCE FOR

 PRODUCTION BOTTLENECKS AND ATTACHING A FLOW SHEET TO SHOW THE MACHINERY TO BE INSURED

(Attach further sheets if necessary)

1. What type of repair work can be carried out without external help?

Give details of external repair facilities for the individual machines in the list of machinery to be insured

1. What maintenance work and what inspections are carried out regularly to keep the machines to be insured in good working order (state intervals)?
2. Number of employees in the works to be insured

|  |  |  |
| --- | --- | --- |
| Total Number | No. employed for maintenance purposes | Fluctuation (in %) |
|  |  |  |

1. Normal working hours of the works to be insured

|  |  |  |
| --- | --- | --- |
| Per day | Per week | Per year |
| hours in shifts | hours | days |

1. Are there any seasonal production or sales fluctuations of more than 20% in the works to be insured?

**NO**

**YES**

If YES, indicate monthly figures

1. Is there a stock of semi-finished or finished products?

If YES, what period of interruption can be compensated thereby?

**NO**

**YES**

**NO**

**YES**

1. Are supplies furnished against letters of credit?

If YES, indicate the percentage such supplies have in the turnover %

**NO**

**YES**

1. In the case of machinery damage, is the interruption period longer than the repair period for the machinery involved?

If YES, indicate the cause(s) and duration of such a delay

1. Is the insurance to cover only the additional expenditure caused by using an external

electric power supply in the case of breakdown of machines in your own power generating plant? If YES, state:

**NO**

**YES**

|  |  |
| --- | --- |
| Item numbers of the machines to be insured hereunder |  |
| Power requirements of the works (kW, kWh p.a) |  |

|  |  |
| --- | --- |
| % of power requirement met by the factory generator |  |
| Extent (kW, kWh p.a) of current that may be drawn from externalpower sources |  |
| Cost per kWh of external power |  |
| Factory generating costs saved per kWh if external power is used |  |
| The annual increased cost of electricity under question 23 (item 2) |  |

If maximum demand charges are to be insured, state:

|  |  |
| --- | --- |
| Maximum demand charge per kW of external power |  |
| Method of calculation (enclose copy of electricity supply contract) |  |
| The annual maximum demand charge for external power to beinsured under question 23 (item 2) |  |
| % of deductible desired for maximum demand charges (minimumdeductible 10%) |  |

# If business interruptions due to the failure of public supplies (power, water, gas) are to be included in the cover, please fill in separate questionnaire.

**If the risk of deterioration of goods (raw materials, semi-finished or finished goods) due to a business interruption is to be included in the cover, please fill in a separate questionnaire**

 SUMMARY OF THE INSURANCE COVERS DESIRED

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

What time excess is desired?  2 days  4 days  7 days  14 days (minimum time excess 2 days)

DECLARATION

The insurers undertake to deal with the information supplied in strict confidence. The undersigned persons declare herewith that the statements made in the questionnaire are complete and to their best knowledge and belief and that they agree that this questionnaire forms the basis and part of the policy to be issued for the insurance proposed.

Date of proposal Signature and stamp of proposer

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

**FOR OFFFIAL USE ONLY**: Branch Manager/Authorise Person(s) signature Date

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LIST OF MACHINERY AND PLANT TO BE INSURED** | Special remarks: Loss minimizing possibilities5, external repair facilities? Prototype?Remaining period of makers guarantee? Teething troubles? Last inspection? Results thereof? Hazard of interruption being prolonged due to solidifying melt, long cooling or starting-up periods? E.t.c |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Desired indemnit y period limit(months) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spare parts available, replacement period for machine or plant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |