



# THE ORIENTAL INSURANCE COMPANY LIMITED

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## PROPOSAL FOR CONTRACTOR'S PLANT & MACHINERY INSURANCE

PUT (√) MARK WHEREVER APPLICABLE. (Information given herein will be treated in strict confidence)

1.	(a) Proposer's Name	
	(b) Proposer's Trade or Business	
	(c) Proposer's Postal Address	Ward No.: Municipality/RM : District :
	(d) Location of Operation (site of property to be insured)	Ward No.: Municipality /RM: District :
2.	Do the items listed represent the entire machinery used by you at the above location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	(a) Are you at present Insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) If so, with whom?	
4.	Has any Company (a) Declined to insure any of the machinery now proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Required an increased premium or imposed special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) Requested for repairs or made other special stipulations for risk improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	(a) Are you aware of any defects/ damage existing in the machinery ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) If so, give details thereof.	
6.	Do you own or use any equipment other than that described above working on the same site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is any of the equipment now proposed (a) Licensed for road use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) If so, give details.	
	(c) Covered by any other insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) If so, give details.	
8.	(a) Are you the owner of the proposed equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) If yes, will you be hiring out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) If the equipment is hired: i) Is insurance your responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii) Is maintenance and operation your responsibility ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are the premises where the equipment operates well guarded? Give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	(a) What is the site condition where the equipment will be utilised?	
	(b) Are the equipments likely to be operated on reclaimed or soft ground?	
	(c) Are ground conditions such that the equipment(s) are exposed to the risk of toppling over? If so, give details.	
	(d) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give details and safety precautions taken.	

11.	Will equipment belonging to other contractors operate on the same site?	
12.	(a) Do you have trained and qualified operators?	
	(b) Are there any statutory rules governing the appointment?	
13.	Which of the equipments are required to be inspected and certified for operation by statutory rules?	
14.	(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.	
15.	(a) Are regular periodical inspections of the machinery carried out?	
	(b) If so, by whom and at what intervals?	
16.	On payment of additional premium do you wish to cover:	If yes, provide limits of indemnity.
	(a) Express Freight (excluding Airfreight overtime and Holiday rates of wages)	Rs. <input type="checkbox"/> No
	(b) Owners surrounding property	Rs. <input type="checkbox"/> No
	(c) Clearance & Removal of Debris	Rs. <input type="checkbox"/> No
	(d) Third Party Liability:	
	(i) For any one accident	Rs. <input type="checkbox"/> No
	(ii) For all accidents during the period:	Rs. <input type="checkbox"/> No
17.	Period of Insurance	From: To:

**SCHEDULE OF MACHINERY TO BE INSURED**

18.	<b>GUIDE NOTES:</b>					
	i. Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No. 3					
	ii. 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.					
	iii. If any of the Machines is a 'Stand by' this fact should be mentioned.					
	iv. All portable Machines must be so designated. All items in the open must be so described separately.					
19.	S.No.	Quantity	Description, Type, Model, Capacity of Machine/Serial No. HP, KVA, Volts, AMPS, RPM	Maker's Name & Country of Origin	Year of Manufacture	Sum Insured

(The liability of **THE ORIENTAL INSURANCE COMPANY LIMITED** does not commence until this proposal has been accepted by the Company and premium paid.)

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 Neco Insurance Ltd.

Place : \_\_\_\_\_

Dated : \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Proposer's Signature