



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

Williamson House, 3rd floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

Tel: 2712607/8/9/10/11, Fax: 254-020-2712612, 2723288

Email: info@intraafrica.co.ke

www.intraafrica.co.ke

BRANCH OFFICE

Centre Point House, 2nd floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

Tel: 020 3743991/955, Fax 020 3743460

E-mail centrepoin@intraafrica.co.ke

CONTRACTORS' PLANT AND MACHINERY (CPM) PROPOSAL FORM.

Agency name: _____

SECTION 1: BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number (please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport

(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

SECTION 2: PROPOSAL DETAILS

Period of insurance: From: _____ To: _____

Geographical Area _____

QUESTIONS TO BE ANSWERED BY THE PROPOSER

1. Has there been any previous CPM insurance? _____ Yes/No

If so, for which item(s) of the specification and by what companies? _____

2. Have the plant and machinery to be insured (partly or in total) been hired? _____ Yes/No

If so, please specify the owner's name and address. _____

3. Are the plant and machinery highly exposed to special hazards? (Tick where necessary)

Fire, explosion _____ Storm, cyclone _____

Landslide _____ Blasting _____

Earthquake, volcanic activity, tsunami _____ Flood, inundation _____

Employment in mountainous terrain _____ Employment underground _____

Other _____

4. Do you wish the cover to include extra charges for:

Overtime, night work, work on public holidays? _____ Yes/No

Limit of indemnity for such extra charges: _____

5. Do you wish the cover to include inland transport? _____ Yes/No

If so, please specify _____

Maximum value transported by any one means of transport _____

SPECIFICATION OF PLANT AND MACHINERY TO BE INSURED

Item no	Description of items Please give full and exact description of all plant and machinery (Name of Manufacturer Type and serial no Output)	Year of manufac-ture	High exposure to special hazards Please specify from hazards of item 3 overleaf	Replacement Value State current cost of replacing the machine by new machinery of same kind and capacity
			Total Sum Insured:	

Declaration

We hereby declare that the statements made by us in this Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this proposal forms the basis and is part of any policy issued 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 _____