



# INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)  
**HEAD OFFICE**

Williamson House, 3<sup>rd</sup> 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](mailto:info@intraafrica.co.ke)

[www.intraafrica.co.ke](http://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 [centrepnt@intraafrica.co.ke](mailto:centrepnt@intraafrica.co.ke)

### **MACHINERY BREAKDOWN INSURANCE PROPOSAL FORM.**

Agency name: \_\_\_\_\_ Policy No: \_\_\_\_\_

#### **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: \_\_\_\_\_

Situation: \_\_\_\_\_ Plot No: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

#### **QUESTIONS TO BE ANSWERED BY THE PROPOSER**

1. Has any of the machinery to be insured previously been covered by other companies against breakdown?  
\_\_\_\_\_ Yes/No

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

2. Do you wish to insure the foundations of the machinery? \_\_\_\_\_ Yes/No

If so, please state the relevant items of the specification. \_\_\_\_\_

3. Does the specification include all the machinery coverable under Machinery Breakdown? \_\_\_\_\_ Yes/No

If not, does the machinery to be insured represent all the machinery coverable in one plant section? \_\_\_\_\_ Yes/No

4. Give details of any special extension of cover required \_\_\_\_\_

5. Name of Chief Engineer or Plant Manager: \_\_\_\_\_

6. Do you wish cover to include express freight, overtime, night work, work on public holiday? \_\_\_\_\_ Yes/No

If Yes, state the Limits of Indemnity: \_\_\_\_\_

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 issued in connection with the above risk(s).

It is agreed that the insurers are liable in accordance with the terms of the policy only that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with the information in strict confidence.

**Executed:**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**SPECIFICATION OF ITEMS TO BE INSURED**

Item no	Description of items	Year of manufacture	Remarks	Replacement Value
	Please give full and exact description of all machines including name of manufacturer, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature etc.....		Give particulars of any part of the machinery to be insured which has had a breakdown or failure during the last three years, which shows any signs of repair or which is exposed to any special risk.	State current cost of replacing the machine by new machinery of same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, costs of erection and also value of foundations, if the later are to be insured
			<b>Total Sum Insured:</b>	