

PLANT ALL RISK QUESTIONNAIRE



IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

A. BROKER DETAILS

Broker Name

Contact Person

Tel

Fax

Email

B. INSURED

Business Name

Postal Address

Date of Commencement of Insured's Business

Geographical Areas of Operation

Description of Business

VAT Number

Company Registration

C. SCHEDULE OF PLANT ITEMS

NB: If the following space is insufficient you may provide a separate list of equipment. *NRV - New Replacement Value / MV - Market Value

Item No.	Year of Manufacture	Description Including Manufacturer / Model Serial No. / VIN / Chassis / Registration	Tracking Device Fitted Yes/ No	Sum Insured	NRV/ MV*
				R	R
				R	R

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				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R

When was the last Major overhaul done in respect of Plant more than five years old?

Is there a planned maintenance program, if so please stipulate and is it done by the insured or outside contractor?

Should the Insured Items be HIRED-OUT please advise Terms & Conditions of hire. (i.e. which party is responsible for insurance cover)?

SASRIA

Cover required Yes No

HIRED-IN PLANT

Cover required Yes No

If YES please state the estimated annual hire fees R

Highest Individual value of plant hired-in (State whether Market or New Value) R

THIRD PARTY LIABILITY (ON SITE ONLY)

Cover required Yes No

Limit of Indemnity R

C. SCHEDULE OF PLANT ITEMS

THIRD PARTY LIABILITY (ROAD RISK)

This cover on specified items only, item can only be added with a registration number. Indicate on Schedule.

Cover required Yes No

Limit of Indemnity R

D. PREVIOUS INSURANCE

Name of Insurer

Claims Experience / Details

E. GENERAL COMMENTS

DECLARATION

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Signed by insured

Date
