



། འབྲུག་ཀྲུལ་ཉེན་སྲུང་ལས་འཛིན་ཚོང་།  
**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**RICB**

“Your partner for growth and security”

**PROPOSAL AND QUESTIONNAIRE**

**CONTRACTOR’S PLANT & MACHINERY INSURANCE**  
*(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid) Information given herein will be treated in strict Confidence. Put a (✓) mark wherever applicable.*

S. No.	Details	
1.	a) Name & Address of the Proposer	
	b) Proposer's Trade or Business	
	c) Location of Operation (site of the property to be insured)	
2.	Do the items listed represent the entire machinery used by you at the above location	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Are you at present insured?  If so, with whom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	a. Declined to insure any of the machinery now proposed	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. Required an increased premium or imposed special conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c. Requested for repairs or made other special stipulations for risk improvements?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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5.	<p>a) Are you aware of any defect/damages existing in the machinery</p> <p>b) If so, give details;</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
6.	<p>Do you own or use any equipments other than that described above working on the same site?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
7.	<p>Are any of equipments now proposed?</p> <p>a) Licensed for road use?</p> <p>If so, give details?</p> <p>b) Covered by any other insurance?</p> <p>If so, give details?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
8.	<p>Are you the owner of the proposed equipment?</p> <p>If yes, will you be hiring out?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
9.	<p>a) What is the site condition where the equipment will be utilized?</p> <p>b) Is the equipment likely to operate on reclaimed or soft ground?</p> <p>c) Are the equipments likely to operate underground?</p> <p>d) Are ground condition such that equipments are exposed to the risk of toppling over? If so, give details?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



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	<p>e) Is the site susceptible to flood, sea damage, storm, cyclone, or other natural calamities?</p> <p>If so, give details and safety precautions taken.</p>	
10.	Will equipment belonging to other contractor operate on the same site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	a) Do you have trained and qualified operators?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Are there any statutory rules governing the appointment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	<p>Which of the equipments are required to be inspected and certified for operation by statutory rules?</p> <p>Provide the details;</p> <p>(if required kindly attach a separate sheet)</p>	
13.	a) Has your machinery sustained any damage from breakdown or other causes during last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If so, give details of damages and repairing cost?	
14.	a) Is regular periodical inspection of the machinery carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If so by whom and at what intervals?	



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15.	On payment of additional premium (If yes, provide limits of indemnity you wish to cover-)				
	i) Express Freight (excluding airfreight) overtime and holiday rates of wages	Nu..... No <input type="checkbox"/>			
	ii) Air freight	Nu..... No <input type="checkbox"/>			
	iii) Owner's surrounding property	Nu..... No <input type="checkbox"/>			
	iv) Clearance & Removal of debris	Nu..... No <input type="checkbox"/>			
	v) Additional custom duty	Nu..... No <input type="checkbox"/>			
	vi) Escalation	Nu..... No <input type="checkbox"/>			
	vii) Third Party Liability – For any one accident – For all accident during the period-	No <input type="checkbox"/> Nu..... Nu.....			
16.	Period of Insurance	From ..... to .....			
17.	<b>Schedule of machinery to be insured-</b>				
Sl. No	Quantity	Description, type, model, capacity of machine/serial no. (identification details like HP/KVA volts, AMPS, RPM, etc)	Maker's name and country of origin	Year of Make	Sum Insured (Nu.)
1					
2					
3					
4					
5					
6					



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7					
8					
9					
10					
Note: If more than 10 machineries, please attach a separate sheet					
18.	Do you wish to opt for higher amounts of Deductible Excess?		Yes		No
	If yes, whether	i) 2 times	ii) 5 times	lii) 10 times	iv) 20 times

Guide Notes –

1. Each machinery should be entered separately with necessary specifications as mentioned in schedule. Full description with identification no, etc..., each and every equipment with valuation should be declared
2. 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, custom duty, etc., to afford full protection under the policy.
3. If any of the machines is a 'stand by' this fact should be mentioned.
4. All portable machines must be so designated
5. All items in the open must be so described separately
6. Transit risks from site to site will be excluded
7. The proposals with sum insured more than Nu. 50 millions shall be referred for finalization of special rates, terms and conditions.

I/We, ..... 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 the corporation.

Place..... & Date.....

Proposer's Signature and seal