

## PLANT ALL RISKS (PAR)

### PROPOSAL FORM

#### IMPORTANT NOTICE

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

This form may be used for renewals or new business. In the case of renewals, the underwriters must receive the completed form, and acceptance of the renewal terms advised to them prior to renewal date, failing which no cover exists after such date.

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.

#### BROKERS DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-mail	

#### INSURED'S DETAILS

Name of the Company	
Trading Name	
Date business was established	
Registration Number	
VAT Number	
Physical Address	
Postal Address (incl. postal code)	
Business Description	

Telephone Number	
E-Mail	

## INSURANCE HISTORY

Present Insurer		Policy Number	
Previous Insurer		Policy Number	

Has any Insurer ever declined to quote?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any Insurer ever cancelled your insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any Insurer required an increase in premium / imposed special terms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any Insurer refused to renew your policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## PLANT DESCRIPTION

Description of goods	Value
	R
	R
	R
	R
	R
	R
	R

Description of goods	Value
	R
	R
	R

## CLAIMS HISTORY

Have you had any claims in the last 3 years ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Provide Details	

## DECLARATION

We, the Directors and Management of the Company, declare that to the best of our knowledge the statements set forth herein are true.	
It is agreed that this form shall be the basis of the Contract should a Policy be issued.	
Signature	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	