



# BOILER & PRESSURE VESSEL INSURANCE – PROPOSAL FORM

**PLEASE COMPLETE THIS FORM IN BLOCK LETTERS**

1. FULL NAME OF PROPOSER: \_\_\_\_\_  
\_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. OCCUPATION / BUSINESS: \_\_\_\_\_
4. TELEPHONE NO.: \_\_\_\_\_
5. EMAIL: \_\_\_\_\_

## **DETAILS OF THE PROPOSED INSURANCE**

Address of plant

\_\_\_\_\_

Nature of business

\_\_\_\_\_

Name of chief engineer or plant manager

\_\_\_\_\_

Nearest railway station/airport

\_\_\_\_\_

2. Has any of the boiler and pressure vessel plant to be insured previously been covered by other companies under a boiler policy or machinery insurance policy?

Yes     No

If so, which items of the specification and by what companies?

\_\_\_\_\_

\_\_\_\_\_



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3. Does the specification include all the boiler and/or pressure vessel plant coverable under a boiler and pressure vessel policy?

Yes       No

If not, please indicate which items are excluded and why.

4. Did an accident ever occur to your boiler and/or pressure vessel plant?

Yes       No

If so, give full particulars

5. Do you wish to include the main stream and feed water piping?

Yes       No

6. Are all items in good condition?

Yes       No

If not, give particulars of defects, if any

7. Which part of the plant is subject to periodical inspections?

By whom is it inspected and at what intervals?

Date of last inspection \_\_\_\_\_

8. Which is the maximum load on safety valve? \_\_\_\_\_ psi

What is the working pressure? \_\_\_\_\_ bar

9. Are boiler attendants solely employed on the boiler plant?

Yes       No



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If not, what proportion of their time is reserved for other duties?

10. If to be insured, please indicate amount (limit of indemnity) applicable to surrounding property/third party liability (property and bodily injury)

### **PERIOD OF INSURANCE**

Insurance to commence on \_\_\_\_\_ 20 \_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_

### **DECLARATION**

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

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

**Agent /Broker:** \_\_\_\_\_