**Engineering Questionnaire**

**Plant All Risks**

**Insurance Adviser/Broker**

Name of Broker Company:

FAIS Number:

**(No quotation will be given without this number)**

Old Mutual Insure Agency No:

Contact Person:

Telephone No: Fax No:

E-Mail address:

**Client Details**

Name :

Postal address:

Contact Person:

Company Registration No: VAT No:

**Current/Previous Insurance**

Name of current/previous Insurer:

Supporting Business with Old Mutual Insure:

**Claims experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Details of Loss** | **Gross Cost** | **Excess** | **Cost to Insurers** |
|  |  |  |  |  |
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|  |  |  |  |  |

1. RENEWAL DATE:

2. BUSINESS DESCRIPTION:

1. COVER REQUIRED:

Owned Plant Yes No

Temporary Hire Charges Yes No

Hired-In-Plant Yes No

Continuous Hire Charges Yes No

Optional cover:

Road Risks Yes No

(Damage to the plant whilst

on a public road)

1. USE OF PLANT:

Mining Construction Quarry

If Mining then used Underground or on Surface

1. IS PLANT HIRED-OUT TO CLIENTS: Yes No
2. CONDITION OF PLANT:

Considerably Below Average Moderately Below Average Average

Moderately Above Average Considerably Above Average

1. MAINTENANCE OF PLANT:

Not Maintained Basic Maintenance Planed & Structured

(i.e Lubrication) Maintenance

Give Details:

Are Mainenance Rcords Available Yes No

1. LIST OF EQUIPMENT - OWN PLANT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Description Of  Plant | Year Of  Manufacture | Serial no | New Replacement  Value (see note 1) | Sum Insured  (see note 2) | Basis Of  Valuation  (see note 3) |
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Notes: 1. The New replacement Value should represent the current day purchase price

of the item Inclusive of importation charges custom dues and installation costs.

2. The Sum Insured is the valuation selected by the Client as the amount to be

insured and should be one of the following:

( a) The New Replacement Value as stated above

( b) The Market Value which is the current day purchase price of second

hand / used Machinery of the same kind or type and age and

substantially in similar condition but not superior to nor more extensive

than the insured machinery

3. The valuation as selected in 2 above must be stated in the column marked

basis of valuation

9. HIRED IN PLANT

MAXIMUM VALUE ANY ONE ITEM

R

MAXIMUM VALUE ANY ONE OCCURRANCE

R

|  |  |
| --- | --- |
| **Description of Plant** | **Estimated Annual Hire Fees** |
| Mobile Plant (Excavators, Back actors, Graders,  Loaders, Scrapers, Bulldozers,  Dump Trucks etc) | R |
| Non-Mobile Plant (Raise bores, Generators,  Drill Riggs, Concrete Mixers/  Batch Plants etc) | R |
| Mobile Cranes | R |
| Tower Cranes | R |
| Derrick Cranes | R |

10.CONSEQUENTIAL LOSS COVER

|  |  |  |  |
| --- | --- | --- | --- |
| **CONSEQUENTIAL LOSS COVER** | | | |
| Description | Limit of Indemnity | Time Exclusion | Indemnity Period |
| Temporary Replacement Hire  Charges  Cost incurred to Hire a  replacement machine following  Material Damage loss | R | 72 Hours | Months  (Indicate required Period) |
| Continuing Hire Charges (Hired-In-Plant)  Cost to continue paying Hire  Charges following Material Damage loss | R | 72 Hours | Months  (Indicate required Period) |