

Plant All Risk Insurance Questionnaire

Fill in application form

A. Broker Details

Name of Broker Company

Contact Person

Tel No

Fax No

B. Insured Details

Name of Insured

Address

City

Province

Country

Area Code

Insured's VAT Number

Business of Insured

Telephone No

C. Insurance History

Has there been any previous insurance Yes No

If yes which company

Claims History

D. Plant to be Insured on

Agreed Value (AV)

Market Value (MV)

New Replacement Value (NRV)

Is Windscreen/Glass required? Yes No

Is On-site Public Liability cover required? Yes No

Is Road Risk Liability cover required? Yes No



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Plant All Risk Insurance Questionnaire Continue

Item 1

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Item 3

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Item 5

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Item 7

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Item 11

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Item 13

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Item 2

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Item 4

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Item 6

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Item 8

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Item 10

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Item 12

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Item 14

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E. Declaration

By completing and submitting form you declare the forgoing particulars to be true in every respect

Form Completed by

Date