THE INSURANCE COMPANY OF THE WEST INDIES LIMITED
13 Castle Street, Roseau, Dominica Tel: (767) 440-ICWI (4294)

MACHINERY BREAKDOWN INSURANCE

Policy No ..... Client No ..... Agent/Broker .....

Effective Date: _____ Rate: _____ Premium: _____

PROPOSAL FORM

(Proposal Schedule(s) to be attached)

Name of Proposer in full _____

Address _____

Situation of Plant _____

Trade or Business _____ Telephone _____

I/We desire to insure with the Company the Plant described on the attached Proposal Schedule(s) and I/we warrant that the statements and particulars on this Proposal and on the attached Proposal Schedule(s) are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/We agree that this Proposal, attached Schedule(s) and declaration shall be incorporated in, and taken as the basis of the proposed contract between me/us and the Company and I/we agree to accept a Policy in the Company's usual form for this class of business.

Signature: _____ Date: _____

DESCRIPTION OF POLICY COVER

The Company's Machinery Breakdown Policy is applicable to all types of Engineering Plant and Machinery whether Mechanical or Electrical - driving or driven, and including Boilers, Pressure Vessels or Containers and Lifting Appliances. The Policy is designed to indemnify the Insured against loss or damage encountered in the working of Plant and Machinery which in spite of the care and maintenance expended by the User may well involve the User in heavy costs for repair or replacement consequent upon an insured accident.

Proposal Schedule for Plant to be Insured

1. Working Situation _____
2. Is Plant a fixture at above address or in use at various addresses? _____
3. Is Proposer aware of any defect in the Plant? _____
4. Give details of any known previous defects, major repairs or accidents. _____

   _____
5. Nearest centre for repairs _____
6. (a) What arrangements are made for, and who carries out, the regular maintenance and regular inspection of the Plant? _____

   (b) Date of last overhaul or Maintenance Service _____
7. What Statutory Rules/Regulations for Inspection apply? _____
8. Is the last Statutory Report/Certificate up to date and satisfactory? (Last Report/Certificate to be produced)

   _____
9. Date of last thorough examination of the Plant and by whom made

   _____
10. Is there any unusual or abnormal hazard in connection with the operation of the Plant? _____
11. Has any Company or Underwriter for the Plant proposed

    (a) declined to insure or refused withdrawn or cancelled insurance? _____

    (b) imposed any special limitations or increased premiums? If so, please give details _____

    _____
12. Number of shifts worked per day _____

PROPOSAL SCHEDULE (Continued)

Ref. No. Description & Type Including for:-	Maker's Name Address and Year of make	For ENGINES and TURBINES: Method of drive (by ropes, belts direct or through gearing)	Maximum Working Pressure Load on Safety Valve	Sum Insured (Replacement as new value)
ROTATING & ELECTRICAL MACHINERY: Horsepower, Kilowatts or Kilo-Volts-Amps and Revs per minute. **ENGINES:** Approximate diameter and number of cylinders. **BOILERS:** Evaporative capacity per hour. **PRESSURE VESSELS & CONTAINERS:** Approx. dimensions. **LIFTING MACHINERY:** Maximum load length of jib or span. Number of electric motors with H. P.				

NOTE: Economisers, Superheaters and Steam and Feed Pipe Ranges should be separately listed.

Please indicate optional extensions of cover required with Sum Insured where necessary.

Risks	**Sum Insured**	**Annual Premium (Office use only)**
A. Explosion damage to Boilers and other pressure plant	Included in above	
B. Flue Gas Explosion damage to Boilers & Economisers	Included in above	
C. Labour Overtime & express freight additional costs	Included in above	
D. Damage to found-ations & masonry	$	
E. Damage to Insured's other Surrounding Property	$	