

**Questionnaire and Proposal for
Boiler and Pressure Vessel Insurance No.**

1. Name and address of proposer _____

 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?

State when the insurance is to commence	Date: _____	Time: _____	Period of insurance to expire at the same date and time next year.
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3. Does the specification include all the boiler and 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 steam and feed water piping? yes no

6. Are all the 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. What is the maximum load on safety valve? _____ psl
 What is the working pressure? _____ bar

9. Are boiler attendants solely employed on the boiler plant? yes no 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).

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we

hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s).

It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature.

The Insurers undertake to deal with this information in strict confidence.

Executed at

Date

Signature
