

MACHINERY BREAKDOWN INSURANCE QUESTIONNAIRE

1. Broker Details

Name of Broker Company _____
 Mirabilis Agency Code _____ FAIS no: _____
 Contact Person _____
 Contact Details: Tel no: _____ Fax no: _____
 Email: _____

2. Insured Details

Name of Insured: _____
 Physical Address: _____

 Postal Address: _____

 Vat Number: _____
 Telephone No: _____
 Business of Insured: _____

3. Business Working Details

a) Normal Operation
 Shifts per day One Shift per day Two Shifts per day Three Shifts per day
 Normal Working Hours From: _____ To: _____
 Days worked per week _____

b) Seasonal Operation
 Shifts per day One Shift per day Two Shifts per day Three Shifts per day
 Working Hours From: _____ To: _____
 Days worked per week _____
 Specify what season(s) _____

c) Are there any special hazards or circumstances - e.g. the mode of operation (computer controlled)?
 Yes No

If Yes please Specify _____

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1 ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196	POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
TEL NO: 0861 100 100 or +27 11 880 8200	FAX NO: +27 11 880 6857
REGISTRATION NO: 2006/018854/07	VAT NO: 4440102095

d) Is the property insured against fire, explosion etc.?
 Yes No

If Yes with which company? _____

3. Business Working Details (Continued)

e) Has the property suffered loss from fire, explosion etc. in the last 3 years?
 Yes No

If Yes please elaborate Cause: _____
 Extent of Damage: _____
 Cost: _____

4. Machinery Insurance Details

a) Description of Machinery

Item 1.	_____
	Premises: _____
	Value: R _____
	Excess: _____
Item 2.	_____
	Premises: _____
	Value: R _____
	Excess: _____
Item 3.	_____
	Premises: _____
	Value: R _____
	Excess: _____
Item 4.	_____
	Premises: _____
	Value: R _____
	Excess: _____
Item 5.	_____
	Premises: _____
	Value: R _____
	Excess: _____

(If Number of Items Exceed Given Space Please Provide With Detailed List of Machinery)

NOTE:

1. If the Insurance is to extend to include Foundations and Masonry then the description of Machinery must state this and its value must be included within the Sum Insured.
2. The value of Refrigeration or Air-conditioning Machinery should include the cost of Refrigerant or Coolant.

b) Is the property currently insured against machinery breakdown?
 Yes No

If Yes with which company? _____

4. Machinery Insurance Details (Continued)

c) Has the insured property suffered loss or damage by machinery breakdown in the last 3 years?

Yes No

If Yes please specify:

Item: _____

Date: _____

Cause: _____

Cost: _____

Item: _____

Date: _____

Cause: _____

Cost: _____

d) Are any machines or installations still under manufacturer's guarantee?

Yes No

If Yes please specify:

Item: _____

Date of Expiry: _____

Item: _____

Date of Expiry: _____

Item: _____

Date of Expiry: _____

e) Maintenance of the machinery: Comment briefly on the maintenance in force – e.g. Planned, Weekly, Monthly, Annual Shutdown etc.

DETERIORATION OF STOCK FOLLOWING MACHINERY BREAKDOWN

5. Machinery And Technical Information

a) Please supply information / schedule of machines as per attached Annexure II.

b) Is the electrical equipment fitted with automatic restart facility ie:

Following a power failure will the machinery re-activate when power is re-established?

Yes No

c) Number of cold rooms / Number of deep freeze rooms?

d) Are the cold rooms fitted with external temperature monitoring gauges?

Yes No

e) What are the normal operating temperatures of the cold rooms / deep freeze rooms?

°C

f) How long could rooms hold temperature before deterioration of stock commences?

H Min

g) Detail the extent of the maintenance:

1g) agreement in force Yes No

2g) what is affected? ie motor, electrical only or complete installation

Name of Maintenance Company: _____

Telephone No: _____

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6. Security

a) Is there always personnel on site, ie: Security guards who would be aware of a machine failure?
 Yes No

b) Is there an alarm system in place to warn of plant malfunction?
 Yes No

c) How often is it tested? _____

7. Products / Stock Information

a) Type of stock. ie Seafood Refer Annexure II

b) Split in value of stock type showing max holding at any time:

c) What is the turnaround time of stock stored?

d) What alternative arrangements can be made in the event of a breakdown?

1) Removal to another premises Yes No
 If Yes Details to Where _____

2) Removal to another cold room / freezer on the premises Yes

3) Is the product / stock of a seasonal nature, i.e. fruit Yes No
 If Yes please give details on high and low seasons.
 High _____
 Low _____

8. General

a) Give details of loss / breakdown history with approximate repair costs and stock losses

b) Give general impression of risk ie clean, dusty, excessively hot running motors, etc.

c) Insured's / applicants experience, how long has the business been in operation?

Note: Sum Insured to include

- Replacement cost price of stock
- Cost of disposal
- Cost of packing

LOSS OF PROFITS FOLLOWING MACHINERY BREAKDOWN

9. Insured Details

Name of Prospective Insured: _____

Physical Address: _____

Nature of Business: _____

10. Business Details

a) Normal Operation

Shifts per day One Shift per day Two Shifts per day Three Shifts per day

Normal Working Hours From: _____ To: _____

Days worked per week _____

b) Seasonal Operation

Shifts per day One Shift per day Two Shifts per day Three Shifts per day

Working Hours From: _____ To: _____

Days worked per week _____

Specify what season(s) _____

c) Overtime

Shifts per day One Shift per day Two Shifts per day Three Shifts per day

Working Hours From: _____ To: _____

Planned Regularly Yes No

If Yes, please specify when _____

d) Comments on Working Hours (e.g. Dependent of weather) _____

e) Sum Insured

Gross Profit R _____ Months: _____

Claims Preparation Costs R _____

Additional Increase in Cost of Working R _____

11. Machinery And Production Information

a) Describe on the Machinery to be Insured against Loss of Profits following Machinery Breakdown

Item 1. _____
Premises: _____

Item 2. _____
Premises: _____

Item 3. _____
Premises: _____

Item 4. _____
Premises: _____

Item 5. _____
Premises: _____

Item 6. _____
Premises: _____

Item 7. _____
Premises: _____

(If Number of Items Exceed Given Space Please Provide With Detailed List of Machinery)

b) Is the property currently insured against machinery breakdown?

Yes No

If Yes with which company? _____

c) Basis of Insurance Additions Difference

d) Has the firm ever suffered a loss of profit from Machinery Breakdown?

Yes No

If Yes please specify:

Item: _____
Period: _____
Cause: _____
Loss of Gross Profit: _____

Item: _____
Period: _____
Cause: _____
Loss of Gross Profit: _____

e) Description of the operating and / or manufacturing process with indication of bottlenecks and identification of Key Items

(A flow sheet of this process is to be attached and has to correspond with the description of Machinery and Installations)

1) How long have the present production methods been in use?

2) When was these production methods first introduced commercially?

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11. Machinery And Production Information (Continued)

f) Maintenance of Machinery?	Yes	No	
g) Intervals of Maintenance?	Years	Months	Working H <input type="checkbox"/>
h) Repairs possible in own Workshop?	Yes	No	

If No Specify which Items and where repairs can be done.

Item: _____
 Location: _____
 Item: _____
 Location: _____
 Item: _____
 Location: _____
 Item: _____
 Location: _____
 Item: _____
 Location: _____
 Item: _____
 Location: _____

If Repairs only possible abroad, please specify which item and where.

Item: _____
 Location: _____
 Item: _____
 Location: _____

i) Are spares stored on own premises?	Yes	<input type="checkbox"/>
j) Are spares available locally?	Yes	<input type="checkbox"/>

If No, Please specify for what items

Item: _____
 Location: _____
 Item: _____
 Location: _____

12. General Comments

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 forms the basis and is part of any policy issued in connection with the above risk. 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 treat this information in strict confidence

Date: _____ Signature: _____