

**VANGUARD ASSURANCE COMPANY LIMITED**

INSURANCE HOUSE, DERBY AVENUE
P.O. BOX 1868 ACCRA
TEL.: (021) 666 485/6. Fax.: (021) 666 610.
Tlx.: 2005 VAG, GH

**Questionnaire and Proposal for Plant and Machinery (VCPM)
Insurance No.**

1. Name and address of proposer

2. Insurance On annual basis
 For Monthly/ Years (Special period)

Geographical scope of cover

3. Has there been any previous VCPM Insurance? Yes No If so, for which item(s) of the specification and by what company
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4. Have the plant and machinery to be insured (partly or in total) been hired? Yes No If so, please specify the owner's name and address.
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5. Are the plant machinery highly expose to special hazards?
- | | |
|--|---|
| <input type="checkbox"/> Fire, explosion | <input type="checkbox"/> Earthquake, volcanic activity, tsunami |
| <input type="checkbox"/> Storm, cyclone | <input type="checkbox"/> Flood, inundation |
| <input type="checkbox"/> Landslide | <input type="checkbox"/> Blasting |
| <input type="checkbox"/> Employment in mountainous terrain | |
| <input type="checkbox"/> Employment underground | <input type="checkbox"/> Other |
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6. Do you wish the overtime, night-work, work on public holidays? Yes No
Cover to include extra charges for

Limit of indemnity for such extra charges:

7. Do you wish the cover to include inland transport? Yes No If so, please specify.

Maximum value transported by one means of transport:

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. 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 _____ this _____ day of _____ 20____

Signature _____

Specification of plant and Machinery to be Insured

Item No.	Description of Items Please give full and exact description of all plant machinery	Year of manufacture	High exposure to special hazards Please specify hazards of item 5 overleaf.	Replacement Value Please state current cost of replacing the machine by new machinery of the same kind and capacity (including of in the case of transformers and switches) plus freight charges, custom duties, cost of erection.
	Name of manufacturer Type and serial number Output			

Total sum insured