



THE NEW INDIA ASSURANCE CO. LTD
P.O. BOX 2907, P.C.112, RUWI
SULTANATE OF OMAN

PROPOSAL FORM
FOR
BOILER & PRESSURE PLANT INSURANCE

| 1 | (A) NAME AND ADDRESS OF THE INSURED | | | | |
|-------|--|--|-----------------|--------------|------------------|
| | (B) ADDRESS (SITE OF THE PROPERTY TO BE INSURED) | | | | |
| 2 | PERIOD OF INSURANCE | | FROM: TO : | | |
| 3 | TOTAL SUM INSURED | | | | |
| 4 | (A) BOILER & PRESSURE PLANT: | | | | |
| Sl No | Location | Description, Makers Name, Makers No., Capacity | Registration No | Year of Make | Sum Insured (RO) |
| | | | | | |
| (B) | Surrounding property of the insured property held in trust or on commission | | | | |
| (C) | Legal liabilities to third parties a. Personal Injury b. Property Damage | | | | |
| | TOTAL RO | | | | |

| | | |
|----|---|------------------------------|
| 5 | (A) In case of Boiler state if it is a Water Tube type (B) If No what is the evaporative capacity per hour | YES/NO |
| 6 | State how Bioler is fired, eg. Oil/Gas/Coal/Pulverized fuel | |
| 7 | (A) Do you wish to include main steam piping (B) If so state whether cover required within 20 Mtrs. Or 100 Mtrs. Radius of Boiler | Yes/No 20Mtrs/100Mtrs |
| 8 | (A) Are all the items in good condition (B) Give particulars of any defects | Yes/No |
| 9 | (A) Which items of Plant are subject to periodical inspection? (B) By whom are they inspected and at what intervals? (C) Date of last inspection, working pressure approved and Periods of such approval (attach copy of last report) | |
| 10 | (A) What is the maximum load on safety valve per square inch? (B) What is the working pressure? | |
| 11 | (A) Are the Bioler attendants solely employed on the boiler plant? (B) What are their Qualifications? (C) What proportion of their time is given to other duties, if not solely employed in the boiler plant? | Yes/No |
| 12 | (A) Is the boiler now insured? (B) If so state name of insurer and date policy expires | Yes/No |
| 13 | (A) Has the boiler plant at any time been insured by you? (B) If so state name of insurer and date policy expired | Yes/No |
| 14 | In respect of boiler insurance has any insurer: (A) Permitted withdrawal or declined any proposal from you? (B) Or cancelled or refused to renew your policy? (Note: Name of insurer to be noted | Yes/No |
| 15 | (A) Have you ever had any accident in your boiler plant? (B) If so give full particulars on separate sheet | Yes/No |
| 16 | Have you any boiler plant in use other than the specified in the schedule? | Yes/No |

| | | |
|----|--|--------|
| 17 | (A) Are any of the boilers shown in the proposal automatically controlled? (B) If so which one? | Yes/No |
| 18 | (A) Is any of the automatically controlled boilers not under continuous supervision by person competent to operate it? (B) If so which one? | Yes/No |
| 19 | Is boiler under regular and frequent supervision whilst working? | Yes/No |

I/We the undersigned hereby declare that the above statement and particulars are true and complete and I /We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the company.

Place _____

Date _____

(PROPOSERS SIGNATURE)