

Proposal Form

Machinery Breakdown Consequential Loss

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____
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Particulars of Proposer

Name of Proposer: _____	Business Registration No.: _____
Mailing Address: _____	
Postal Code ()	
Email: _____	Contact No.: _____
No. of Years in Business: _____	Period of Insurance: From _____ To _____
Nature of Business: (Please provide full description) _____	

Information Required

1. What works of your business are to be insured against Machinery Loss of Profits?		
Name	Address of the works	Purposes
2. What Company insures these works against?		<input type="checkbox"/> Fire <input type="checkbox"/> Fire Loss of Profits
3. What Company covers the Machinery Breakdown policy?		
Date of Issue of the Machinery Breakdown policy		
4. Has the machinery to be insured been formerly covered by other companies against Machinery Loss of Profits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, which company?		

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Name of Proposer: _____

Information Required

11. What type of repair work can be carried out without external help?
Please indicate external repair facilities for the individual machines in the list of machinery.

12. What maintenance work and what inspections are carried out regularly to keep the machines to be insured in good working order?

Types of Maintenance	No. of Intervals

13. Number of employees in the works to be insured.

Total Number	No. employed for maintenance purposes	Fluctuation (in %)

14. Normal working hours of the works to be insured

Per day _____ hours in _____ shifts

Per week _____ hours

Per year _____ days

15. Are there any seasonal production or sales fluctuation of more than 20% in the works to be insured? Yes No
If Yes, please indicate monthly figures.

16. Is there a stock of semi-finished or finished products? Yes No
If Yes, what period of interruption can be compensated thereby?

17. Are supplies furnished against letters of credit? Yes No
If Yes, please indicate the percentage such supplies have in the turnover?

18. In the case of machinery damage, is the interruption period longer than the repair period for the machinery involved? Yes No
If Yes, please indicate the cause and duration of such a delay.

Machinery Breakdown Consequential Loss

Name of Proposer: _____

Information Required

19. Is the insurance to cover only the additional expenditure caused by using an external electric power supply in the case of breakdown of machines in your own power generation plant? Yes No

If so, please state:

- Item No. of the machines to be insured: _____
- Power requirements of the works (kW, kWhrs. P.a): _____
- % of power requirement met by the factory generator: _____
- Extent (kW, kWhrs p.a.) of current that may be drawn from external power sources: _____
- Cost per kWhr of external power: _____
- Factory generating costs saved per kWhr if external power is used: _____
- Annual increased cost of electricity under question 22 item 2: _____

If maximum demand charges are to be insured

- Maximum demand charge per kW of external power: _____
- Method of calculation: _____
- (please enclose copy of electricity supply contract): _____
- Annual maximum demand charge for external power to be insured under question 22 item 3: _____
- % of deductible desired for maximum demand charges (minimum deductible 10%): _____

20. If business interruptions due to the failure of public supplies (power, water, gas) are to be included in the cover. Please fill in separate questionnaire.

21. If the risk of deterioration of goods (raw materials, semi-finished or finished goods) due to a business interruption is to be included in the cover, please fill in separate questionnaire.

22. Summary of the insurance covers desired

Item No.	Subject matter to be insured	Sum Insured
1	Gross Profit	
2	Increased cost of electricity	
3	Maximum demand charges	
4		
5		

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Name of Proposer: _____

Information Required

23. Calculation of the sum insured:

The subject matter insured is the profit achieved by selling the goods manufactured in the works insured and the profit gained from services rendered as well as all standing charges which continue to accrue in the works insured in the event of a business interruption. The annual total of net profit and standing charges, the gross profit, is conveniently determined on the basis of the Profit Loss Account.

The following calculation is based on the Profit and Loss Account of the year: _____

Commencement of business year: _____

Currency: _____

Deductions from turnover (such as discounts granted to customers, rebate, price deductions) _____ Excise and turnover taxes _____ Expenditure incurred for external power, goods, raw materials and supplies total _____ Other costs (such as carriages paid to other firms, customs, duties, postage, turnover-dependent insurance premiums, licenses) _____ Inventory value of finished and semi-finished goods at the commencement of the business year _____ Total _____	Turnover _____ Expenditure incurred for external power, goods, raw materials and supplies used for maintenance _____ Company-manufactured additions to assets _____ Reduction in Gross Profit due to damage incurred during the business year _____ Inventory value of finished and semi-finished goods at the end of business year _____ Total _____
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If a separate indemnity period is desired for wages, please subdivide the sum insured accordingly and indicate the indemnity period desired for the item of wages under question 22.	<table style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">less</td> <td style="width: 10%;"></td> </tr> <tr> <td style="border-top: 1px solid black;">Gross Profit</td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td>Safety margin for increase during the policy year</td> <td></td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">Sum insured</td> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> </table>		less		Gross Profit			Safety margin for increase during the policy year			Sum insured		
	less												
Gross Profit													
Safety margin for increase during the policy year													
Sum insured													

24. What time excess is desired? (minimum time excess 2 days) 2 days 7 days
 4 days 14 days

IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

Name of Proposer: _____

PERSONAL DATA PROTECTION

By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to [Liberty's Privacy Policy](#), which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

DECLARATION

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Pte Limited's ("**Liberty**", the "**Company**") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

Date

Signature of Management