

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: _____

Is the insured a natural or juristic person with a turnover of less than ZAR 2 000 000.00

Yes

No

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 AUTHORISED FINANCIAL SERVICES PROVIDER: 28190

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 TEL NO: 0861 100 100 | +27 11 880 8200
 REGISTRATION NO: 2006/018854/07

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132
 FAX NO: +27 11 880 6857
 VAT NO: 4440102095

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (EXECUTIVE), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

3. Business Working Details (Continued)

d) Is the property insured against fire, explosion etc.?

Yes

No

If Yes with which company? _____

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 the number of items exceed the space provided above please provide a 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.

Yes

No

If Yes, with which Company: _____

4. Machinery Insurance Details (Continued)

a) Is the property currently insured against machinery breakdown?

Yes

No

If Yes with which company? _____

b) 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: _____

c) 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: _____

d) 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: _____

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 of new premises _____

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 (eg. 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)

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

g) When was these production methods first introduced commercially?

h) Maintenance of Machinery?

Yes

No

i) Intervals of Maintenance?

Years

Months

Working Hours

--

j) 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: _____

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

Item: _____

Location: _____

Item: _____

Location: _____

k) Are spares stored on own premises?

Yes

No

l) Are spares available locally?

Yes

No

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:** _____