MAYFAIR INSURANCE COMPANY LIMITED

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LOSS OF PROFITS FOLLOWING MACHINERY BREAKDOWN INSURANCE PROPOSAL FORM

| | All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable. |
|------|--|
| P/ | ARTICULARS OF THE PROPOSER |
| | ral Address P.O. BoxTownTolognameTolognameTownTownTownTownTownTownTownTown |
| Prof | ession or Occupation (Nature of business) |
| Peri | od of Insurance: From To |
| PIN | Number (Attach copy of certificate) |
| P | ARTICULARS OF THE BUSINESS AND WORKS TO BE INSURED |
| 1. | What works of your business are to be insured against Machinery Loss of Profits (names and address of the works, their purposes)? |
| 2. | What company insures these works against: (i) Fire? |
| | (ii) Fire Loss of Profits? |
| 3. | What company covers the machinery to be insured under a machinery break down 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? If YES, state the name of the company |
| 5. | What chartered accountant (name and address) audits the company and at what intervals? |
| 6. | When was your firm established? |
| 7. | Since when has the works to be insured existed? |
| 8. | Since when has the current production method used in the works to be insured been applied? |

| | What interruptions due to a machinery loss have occurred in the works to be insured during the last 5 years? Number and types: | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|
| | Duration: | | | | | | | | | | | |
| | Due to machinery of item no: | | | | | | | | | | | |
| | GIVE A BRIEF DESCRIPTION OF THE PRODUCTION PROCESS, MAKING ALLLOWANCE FOR PRODUCTION | | | | | | | | | | | |
| | BOTTLENECKS AND ATTACHING A FLOW SHEET TO SHOW THE MACHINERY TO BE INSURED | | | | | | | | | | | |
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| | (Attach further sheets if necessary) | | | | | | | | | | | |
| • | What type of repair work can be carried out without external help? | | | | | | | | | | | |
| | Give details of external repair facilities for the individual machines in the list of machinery to be insured | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | What maintenance work and what inspections are carried out regularly to keep the machines to be insured in | | | | | | | | | | | |

| 12. Number of ϵ | employees in th | e works to b | pe insured | | | | | | | | | | |
|--------------------------|--|----------------|-------------------------------------|-----------|-------------|----------|--|--|--|--|--|--|--|
| Total | Number | No. | employed for maintenance purpo | ses | Fluctuation | ı (in %) | | | | | | | |
| | | | | | | | | | | | | | |
| 12 Normal wor | king hours of th | a works to l | he insured | | | | | | | | | | |
| 13. Normal wor | Per day | e works to | Per week | | Per year | | | | | | | | |
| | hours in | shifts | hou | ·s | . c. yeu. | days | | | | | | | |
| | | | | <u> </u> | | • | | | | | | | |
| | | duction or s | ales fluctuations of more than 20% | in the | YES | NO | | | | | | | |
| works to be | | | | | 1123 | NO | | | | | | | |
| If YES, indica | ate monthly figu | ires | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 15. Is there a sto | | | · | | YES | NO | | | | | | | |
| If YES, what | period of interr | ruption can | be compensated thereby? | | | | | | | | | | |
| 16. Are supplies | furnished agaiı | nst letters o | f credit? | | YES | NO | | | | | | | |
| If YES, indica | ate the percenta | age such sup | oplies have in the turnover | | % | | | | | | | | |
| 17. In the case o | of machinery da | mage, is the | e interruption period longer than t | he repair | | | | | | | | | |
| | ne machinery in | _ | | • | YES | NO | | | | | | | |
| If YES, indica | ate the cause(s) | and duration | on of such a delay | | | | | | | | | | |
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| | Is the insurance to cover only the additional expenditure caused by using an external YES NO | | | | | | | | | | | | |
| · · | electric power supply in the case of breakdown of machines in your own power generating plant? | | | | | | | | | | | | |
| | If YES, state: Item numbers of the machines to be insured hereunder | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Power requi | Power requirements of the works (kW, kWh p.a) | | | | | | | | | | | | |
| % of power | requirement me | et by the fac | ctory generator | | | | | | | | | | |
| Extent (kW, | kWh p.a) of cur | rent that m | ay be drawn from external | | | | | | | | | | |
| power source | | | | | | | | | | | | | |
| Cost per kW | h of external po | ower | | | | | | | | | | | |
| Factory gen | erating costs sa | ved per kWl | n if external power is used | | | | | | | | | | |
| The annual i | increased cost o | of electricity | under question 23 (item 2) | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | | | |
| If maximum | demand charge | es are to he | incured state: | | | | | | | | | | |
| | | | · | | | | | | | | | | |
| Maximum d | emand charge p | per kW of ex | cternal power | | | | | | | | | | |
| Method of o | calculation (encl | ose copy of | electricity supply contract) | | | | | | | | | | |
| The annual | maximum dema | and charge f | or external power to be | | | | | | | | | | |
| | er question 23 (| _ | - | | | | | | | | | | |
| % of deduct | ible desired for | maximum c | lemand charges (minimum | | <u> </u> | | | | | | | | |

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.

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 a separate questionnaire.

deductible 10%)

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 & Loss account of the year. Commencement of the business year: Currency: Deductions from turnover (such as Turnover discounts granted to customers, rebates, Expenditure incurred for external price reductions power, goods, raw materials and Excise and turnover taxes supplies used for maintenance Expenditure incurred for external power, Company manufactured additions to goods, raw materials and supplies, total assets Reduction in gross profit due to Other costs (such as carriages paid to damage incurred during the business other firms, turnover-dependent year insurance premiums, licenses) Inventory value of finished and Inventory of finished and semi-finished semi-finished goods at the end of the business year goods at the commencement of the business year TOTAL (i) TOTAL (ii) TOTAL (ii) - TOTAL (i) **Gross Profit** Safety margin for increase during the policy year **SUM INSURED** 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 'summary of the insurance covers desired' - below SUMMARY OF THE INSURANCE COVERS DESIRED Item No: Subject matter to be insured Sum insured 1 2 3 4 5 2 days 4 days 7 days 14 days What time excess is desired? (minimum time excess 2 days) **DECLARATION** The insurers undertake to deal with the information supplied in strict confidence. The undersigned persons declare herewith that the statements made in the questionnaire are complete and to their best knowledge and belief and that they agree that this questionnaire forms the basis and part of the policy to be issued for the insurance proposed. Date of proposal Signature and stamp of proposer

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

| FOR OFFFIAL USE ONLY | Branch Manager/Authorise | Person(s) signature | Date |
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| Special remarks: Loss minimizing possibilities ⁵ , external repair facilities? Prototype? Remaining period of makers guarantee? Teething troubles? Last inspection? Results thereof? Hazard of interruption being prolonged due to solidifying melt, long cooling or starting-up periods? E.t.c | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Desired indemnit y period limit ⁴ (months) | | | | | | | | |
| Spare parts available, replacement period for machine or plant | | | | | | | | |
| Relative importa nce ³ | | | | | | | | |
| Load ² | | | | | | | | |
| Year of manufac ture | | | | | | | | |
| Description of machine or plant¹ (designation, manufacturer, type, capacity, speed, number of cylinders, transmission ratio, voltage, pressure, temperature, heating surface, new replacement value, e.t.c) | | | | | | | | |
| Quantity | | | | | | | | |
| Item No. | | | | | | | | |

1. Each prime remover and machine should be listed separately. Spare machines should be designated as such and are to be included in the insurance cover.

2. Ratio between actual load and designed oad (e.g. 80%)3. Reduction (per cent) of the gross profit in the event of failure of a machine (disregarding any loss minimizing possibilities)

5. Reduction (per cent) of the loss of production by using machines not fully utilised or not utilised at all, carrying on production on other premises, etc. How long does it take to procure hired machinery? 4. The indemnity period limit represents the maximum period during which the insurers pay indemnification for loss of profits. 3, 6, 9 or 12 months may be agreed on as indemnity periods

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