

NOTICE TO THE APPLICANT:

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).

Completing the Proposal Form

- Please answer all questions in full leaving no blank spaces. Please include details of all equipment on form 5GI 0215, which forms an integral part of this proposal.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- The headings in this proposal are solely for convenience.
- All information provided by the Applicant will be maintained in strictest Confidence by RAKINSURANCE

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY

| 1. GENERAL INFORMATION | | | | | |
|------------------------|--|---|--------------|---|----------------|
| a) | Name of Applicant | | | | |
| b) | Applicant's Address: | | | | |
| c) | Applicant's web address | | | | |
| 2. INSURANCE HISTORY | | | | | |
| a) | Has the Applicant held CPM Insurance for the same equipment previously? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | If Yes, please provide details of the cover held, with which company and the equipment covered | | | | |
| b) | Has the Applicant made claims for the equipment included in this proposal previously? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | If Yes, please provide details of the claims and the claimed amount as below | | | | |
| | Date of Claim | Equipment | Claim Amount | Claim Status <small>(Settled, Declined, in progress)</small> | Settled Amount |
| | | | | | |
| | | | | | |
| | | | | | |
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| 3. COVER REQUIREMENTS | | | | | |
| a) | How Long is the cover required for? If Other, please specify | <input type="checkbox"/> Yes <input type="checkbox"/> No xx Years, yy months | | | |
| b) | What is the geographical scope the cover should extend to? | | | | |
| c) | Has the equipment to be covered (partly or in full), been hired? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | If Yes, please provide full details of the hired equipment | | | | |

This form is for use by RAKINSURANCE and its clients and all information remains CONFIDENTIAL

| | | |
|--|---|--|
| d) | Is the Plant and Machinery highly exposed to any special risks as below? | |
| | Fire , explosion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Earthquake, volcanic activity, tsunami | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Flood, inundation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Storm, Cyclone | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Landslide | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Blasting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Use in Mountainous terrain | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Use underground | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Others | |
| e) | Are extra charges for overtime, night work, work on public holidays to be included If Yes, Please provide limit of indemnity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |
| f) | Do you wish the cover to include inland transportation If Yes, Maximum value transported by one means of transport: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |
| 4. FALSE INFORMATION | | |
| Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime. | | |
| 5. DECLARATION AND SIGNATURE | | |
| The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth here in and all attachments and schedules here to are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules here to and the said statements here in shall be the basis of and will be incorporated in the policy should one be issued. | | |
| Signed and Stamped | Authorised Representative | Date |

For RAKINSURANCE Use Only:

Name of Consultant/Introducer/Broker:

Consultant Code:

RAK Location:

Date sent:

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