

# QBE Machine Proposal

## Electrical / Mechanical Plant and other Machinery Breakdown

QBE Pacific Islands



### A. Notice to the proposed insured

#### Disclosure of relevant facts - your duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

#### Non-Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

#### Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information.

#### Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

#### Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

#### Jurisdiction

The content and use of this proposal form or any policy entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a. the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- b. the policy/ies refer to the laws of a different country applying, in which case the laws of that country,

and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

#### Note

Values, Sums Insured, Limits and Deductibles further marked as \* are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

**B. Details of the proposed insured**

Name(s) in full

Phone no  Fax no  Mobile no  email

Postal address

Location of equipment - tick if same as postal address

Type of business

Name and address of other interested persons (eg. mortgagees or lessors)

Type of interest (eg. mortgagee, bill of sale holder)

Period of insurance: from  and ending

**C. Insurance cover**

- N.B**
1. Please specify for:
- Boilers: type, heating surface area or horsepower, material of construction
  - Pressure vessels: type cubic capacity or dimensions, material of construction
  - Electrical/Mechanical plant: size hp or kw
2. New Replacement Value (N.R.V.) includes packing, freight, customs duty and installation charges.

Table 1 - Insured items

Item	Description	N.R.V*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total

Limit any one loss

(If space is Insufficient, please attach a list)

**Average / Coinsurance**

You are required to insure for the new replacement cost of all Insured items, being the cost of replacement by a new item of the same kind and capacity, including packing, freight, customs duties and installation charges. Failure to do so, may result in QBE paying less in the event of a claim, being the proportion that the Sum Insured bears to the new replacement costs.

**D. General information**

1. Do you have a current insurance policy on any of the plant/equipment?  Yes  No

If "Yes" please give full details

2. Is there any fault or defect known to you in any of the plant/equipment?  Yes  No

If "Yes" please give full details

3. Is there a current maintenance agreement on any of the plant/equipment?  Yes  No

If "Yes" please give full details

4. Are parts for the machinery to be insured available in the country?  Yes  No

If "No", where would replacement parts be obtained from?

## E. Extension of cover

Do you require cover for:

**1. Consequential loss**

(may not be available in all markets)

Yes  No

**Details**

**Sum insured \***

**Gross profit**

**Wages and salaries**  weeks **OR 100% for**  weeks **then**  % **for**  weeks  
(based on period)

  


**Additional cost of working**

**Fees**

  


**2. Boiler and pressure vessel public liability?**

If "Yes", please answer the following:

**Are statutory registration certificates current?**

Yes  No

**Limit of indemnity \***

Yes  No

**3. Deterioration of refrigerated stock? (may not be available in all markets)**

If "Yes", please complete details in table 2 below

Yes  No

**Table 2 - The items you include here must also be included in Table 1 under Section C Insurance cover**

Item	Type of goods stored	Value of goods stored *	Storage temperature C

**Do the chambers/items operate 12 months per year?**

If "No"  months

Yes  No

**In the event of failure, do you have alternative facilities?**

If "Yes", please provide full details

Yes  No

  
  
  


## F. Claims details

**1. Have you (in the past 5 years)**

**1.1 made any claim(s) on an insurer for loss or damage? If Yes, please provide details**

Yes  No

  
  


**1.2 had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer? If Yes, please provide details**

Yes  No

  
  


**1.3 suffered any loss or damage which would have been covered by the proposed insurance policy?**

Yes  No

If Yes, please provide details

## G. Signature and declaration

I/We the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/We have read and understood the Notice to the proposed insured on the front of this proposal form.
3. I/We have read and understood this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in any accompanying documents.

If accepted by QBE, this proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

### Policyholder 1

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

### Policyholder 2

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

#### Fiji

#### QBE Insurance (Fiji) Limited

QBE Centre, 33 Victoria Parade  
Suva  
Tel: + 679 331 5455  
Fax: + 679 330 0285  
email: info.fiji@qbe.com  
qbepacific.com

#### Papua New Guinea

#### QBE Insurance (PNG) Limited

QBE Building, Musgrave Street  
Port Moresby  
Tel: +675 321 2144  
Fax: +675 321 4756  
Email: info.png@qbe.com  
qbepacific.com

#### Solomon Islands

#### QBE Insurance (International) Pty Limited

Panatina Plaza, Prince Philip  
Highway, Honiara  
Tel: + 677 388 84  
Fax: + 677 388 87  
Email: info.sol@qbe.com  
qbepacific.com

#### Vanuatu

#### QBE Insurance (Vanuatu) Limited

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