



**FDM ENGINEERING**  
 UNDERWRITERS (PTY) LTD  
 2004/009147/07  
 Authorised Financial Services Provider - FSP No: 20816

## Machinery Breakdown Insurance Questionnaire Form

### A. Broker Details

Broker name			
Contact person			
Landline		Mobile	
Email address			

### B. Insured

Name of insured					
Physical address				City	
Province		Postal code		Country	
Postal address				City	
Province		Postal code		Country	
Landline				Mobile	
Business of insured					
VAT no					

### C. Business Working Details

Normal Operation														
Shifts & hours per day	Shifts							Hours						
Normal working hours	From							To						
Days worked in week	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
Are there any special hazards or circumstances - e.g. the mode of operation (computer controlled)										<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, please specify														
Is the property insured against fire, explosion etc.?										<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, which company														
Has the property suffered loss from fire, explosion etc. in the last 3 years?										<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, please elaborate														
Cause								Cost						
Extent of damage														

**D. Machinery Insurance Details**

Description of machinery (If the number of items exceed given space please provide with a detailed list of Machinery)

Item	Premises	Value	Excess
1			
2			
3			

Note 1 If the Insurance is extended to include foundations and masonry then the description of machinery must state this and its value must be calculated within the Sum Insured

2 The value of the Refrigeration or Air-conditioning Machinery should include the cost of Refrigerant or Coolant

Is the property currently insured against machinery breakdown?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, with which company					
Has the insured property suffered loss or damage by machinery breakdown in the last 3 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify					
Item	Date	Cause	Cost		
1					
2					
Are any of the machines or installations still under manufacturers guarantee?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify					
Item	Date of expiry	Item	Date of expiry		
1		2			
3		4			
Maintenance of the machinery: Comment briefly on the maintenance in force, e.g planned, weekly					

**E. Deterioration Of Stock Following Machinery Breakdown**

Machinery and Technical information

Please supply information / schedule of machines as per attached Annexure II.

Is the electrical equipment fitted with automatic restart facility ie:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Following a power failure will machinery re-activate when power is re-established?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of cold rooms / number of deep freeze rooms?			
Are the cold rooms fitted with external temperature monitoring gauges?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What are the normal temperatures of the cold rooms / deep freeze rooms?			
How long could rooms hold temperature before deterioration of stock commences?			
Detail the extent of the maintenance			
Agreement in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is affected? ie motor, electrical only or complete installation			
Name of maintenance company			
Contact number		Email	

**F. Security**

Is there always personnel on site, ie: security guards who would be aware of a machine failure?

☐

Yes

☐

No

Is there an alarm system in place to warn of plant malfunction?

☐

Yes

☐

No

How often is it tested?

**G. Products/Stock Information**

Type of stock, ie Seafood

Split in value of stock type  
showing max holding at any  
timeWhat is the turnaround time of  
stock stored?What alternative arrangements  
can be made in the event of a  
breakdown?

Removal to another premises

☐

Yes

☐

No

if yes, details to where

Removal to another cold room / freezer on premises

☐

Yes

☐

No

Is the product / stock of a seasonal nature, i.e fruit

☐

Yes

☐

No

If yes, high and low seasons  
details

High

Low

## H. General

Give details of loss / breakdown history with approximate repair costs and stock losses

Give general impression of risk ie, clean, dusty, excessively hot running motors

## I. Declaration

a) Do not sign any blank or partially completed application/proposal form

b) Complete all sections in full & in black ink

c) Retain all documents handed to you.

d) Make notes of what has been said to you

e) Do not be pressurized by anyone to purchase the product

f) Incorrect information or non - disclosure of any material fact, by you, will have an affect on claims

We hereby declare the foregoing particulars to be true in every respect

Form Completed by

Date

Signature of insured

Date

## DISCLOSURE

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 information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence

## POPI STATEMENT

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers, or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers as situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.