

**QUESTIONNAIRE FOR MACHINERY ALL RISKS (MAR) INSURANCE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Insured** | **:** |  |  |  |  |  |  |  |
| **Address** | **:** |  |  |  |  |  |  |  |
|  |  |  |  | **Telephone Number** | **:** |  |  |  |
|  |  |  |  | **Fax Number** | **:** |  |  |  |
| **Contact Person** | **:** | **Name:** |  |  |  |  |  |
|  |  |  |  | **Designation:** |  |  |  |  |
|  |  |  |  | **Mobile Number:** |  |  |  |  |
|  |  |  |  | **Email id:** |  |  |  |  |
| **Nature of Business** | **:** |  |  |  |  |  |  |  |
| **Period of insurance** | **:** |  |  |  |  |  |  |  |
| **Sum Insured** (machinery details) | **:** | (Currency in \_\_\_\_\_\_\_\_\_\_\_ ) |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Mfg |  | Model / Serial |  | Value (New |  |  |
| S.No | Item Description | Quantity |  |  | Replacement |  |  |
| yr |  | No |  |  |  |
|  |  |  |  |  |  | value) |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| **Tool of Trade (Third Party Liability):** | **Limit – Any One Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Geographical Area** | **:** |  |  |  |  |  |  |  |
| **Jurisdiction** | **:** |  |  |  |  |  |  |  |



**Conditions/Clauses** **:**

**Claims Experience (for past 3 years):**

**Extensions** **:**

O **Storage of accessories / parts on site in locked containers / other forms** O **Storage of accessories /parts in offsite location/s**

O **Inland transit of insured items within the country to be covered**

**(No cover for cross border transits)**