



Follow the instructions bellow to complete this form:

1. Open this form with *Adobe Acrobat*.
2. Carefully fill in the form by clicking on the provided fields.
3. Don't input incorrect information, ask for assistance if you're uncertain.

For appending of signature;

4. Click on the signature field
5. Click *Configure New Digital ID*
6. Click *Create a new Digital ID* then click *Continue*
7. Click *Save to File* then click *Continue*
8. Save the form every time a digital signature is added.
9. Once you've completed the form, save and email or whatsApp it and the associated documents

Please attach the following documents after completing the form:

Need assistance?

Call or email us for quick assistance.

Mobile:

Email:

Account No.**Policy No.**

Agency / Broker:

Period of Insurance: From:

To:

SECTION 1: BUSINESS DETAILS

a. Full Name of Proposer:

b. Contact Details: (tel): (fax):

(mobile): (web):

(email):

(postal): (code): (town/city):

c. Proposer PIN Number:

d. Nature of Business: _____

e. Nearest railway station / airport:

SECTION 2: PROPOSAL DETAILS

1. Has any of the machinery to be insured previously been covered by other companies? Yes: No: ☐
If so, which items of the specification and what companies?

2. Do you wish to insure the foundation of the machinery? Yes: No:
If so, state the relevant items of the specification.

3. Does the specification include all the machinery coverable under a Machinery Policy? Yes: No:
If Not, does the machinery to be insured represent all the machinery coverable in one plant section? Yes: No:

4. Do you wish the cover to include extra charges (in case of loss) for:
- Express freight, overnight, night work, work on public holidays? Yes: No:
- Air freight? Yes: No:
Limit of air freight

5. Give details of any special extension of cover required;

DECLARATION:

I/We hereby declare that all the statements and particulars entered in this Proposal are true and that I/we have not withheld any material information whatsoever regarding the proposal. I/we further declare that the amounts proposed for insurance represent the full value of the property described. I/we agree that this Declaration shall form the basis of the contract between Me/Us and the Insurer and I/We agree to abide by the terms and conditions of the Policy to be issued.

Executed at: _____ Signature of Proposer: _____ Date: _____

Additional questionnaire for Machinery Insurance of Hydro-electrical Power Stations

(No. _____)

(Only to be completed with Questionnaire for Machinery Insurance)

1: General Technical Data

Water Head	m	Annual Maximum	m ³ /S
Water Flow: Annual average	m ³ /S		
Number of Units		Number of penstocks	
Is it a pumped-storage plant?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

2: Turbine (Unit No. _____)

2.1 Life History	Manufacturer		
	Year of Manufacture		Operating Hours
	Total		Per Year
	Date of Last Overhaul (Attach Report)		
Previous Damage	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If so, state Date, type of damage, repair work, measures taken, to avoid similar damage in future.	

2.2 Specifications	Type	<input type="checkbox"/> Francis	<input type="checkbox"/> Kaplan	<input type="checkbox"/> Pelton
		<input type="checkbox"/> Other		
	Shaft	<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Other
	Capacity	MW		Speed rpm
	Nominal Discharge	m ³ /S		
	If the power plant is a pumped storage plant	<input type="checkbox"/> Pump turbine set or	<input type="checkbox"/> Reversible Turbine	

2.3 Protection and safety devices	Fail safe governor drive mechanism	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If so, give description	
	Is there an alternative to stop the water flow to penstock and turbine in the event of failure of penstock, turbine or guide vane apparatus?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Overspeed	<input type="checkbox"/> Alarm at _____% overspeed <input type="checkbox"/> trip at _____% overspeed
	Automatic shutdown of the turbine upon high bearing oil temperature	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Abnormal flow rates of lubrication, cooling or sealing fluids or gases	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	The breaking of a guide vane shear pin	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	High shaft deflection / vibration	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Others (give description)	
	Additional devices for unattended stations	
	Automatic flow control	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

3: Generator (Unit No. _____)

3.1 Life History	Manufacturer		
	Year of Manufacture		Operating Hours
	Total		Per Year
	Date of Last Overhaul (Attach Report)		
Previous Damage	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If so, state Date, type of damage, repair work, measures taken, to avoid similar damage in future.	

3.2 Specifications	Capacity	kVA	Speed	Rpm
	Voltage	kV	Current	A
	Power factor	(cos p)	Frequency	Hz
	Voltage	V	Current	A
Exciter	<input type="checkbox"/> AC exciter		<input type="checkbox"/> Thyristors	
Type	<input type="checkbox"/> Rotating Diodes		<input type="checkbox"/> Others	

3.3 Protection and safety devices	Automatic synchronizing devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
	Overvoltage Protection	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Overcurrent protection	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Stator winding temperature	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Single phased and unbalanced load	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Different current	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Loss of synchroniam	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Loss of excitation	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Winding short circuit	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Earth fault rotor	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Earth fault stator	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Reverse power	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Synchronous capacitor operation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

4: Transformer (Unit No. _____)		
4.1 Life History	Manufacturer	
	Year of Manufacture	
	Date of Last Overhaul (Attach Report)	
	Oil :	Winding insulation :
Previous Damage	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If so, state Date, type of damage, repair work, measures taken, to avoid similar damage in future.

4.2 Specifications	Type	<input type="checkbox"/> Single Phase	<input type="checkbox"/> three phase
	Location	<input type="checkbox"/> Indoor	<input type="checkbox"/> outdoor
	Capacity	MVA	
	Voltage	Primary kV	Secondary kV
Rated Short-Circuit Voltage	%	Rated Current kV	
Load tap Changers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
	If So, describe taps:		
	Cooling	<input type="checkbox"/> Forced	<input type="checkbox"/> Unforced
	Insulating system	<input type="checkbox"/> Mineral Oil	<input type="checkbox"/> Silicon Oil <input type="checkbox"/> Askarel

4.3 Protection and safety devices	Oil Temperature	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Gas Pressure	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Liquid Level	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Overcurrent	<input type="checkbox"/> Alarm	<input type="checkbox"/> trip	<input type="checkbox"/> No
	Surge arrestor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Earth Fault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Air Dryer (colour)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Lighting equipment of open-air electrical equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

	Earthed wires over the plant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Earthed Rods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Surge Diverters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, distance to the Transformer	M	

5.0: Operation and Maintenance

5.1 Staff	Is the station	<input type="checkbox"/> Manned	or	<input type="checkbox"/> Unmanned?
	How far away are the nearest employees?			
	How long does it take them to reach the station?			
	May there be difficulties in reaching the station (e.g. due to bad weather such as snow, rainy season)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If so, when?:			
If manned	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Other	
	Engineers			
	Operating personnel per shift			
	Maintenance personnel per shift			
5.2 Operation	<input type="checkbox"/> Local	<input type="checkbox"/> Remote		
	<input type="checkbox"/> Manual	<input type="checkbox"/> Semi-automatic	<input type="checkbox"/> Fully automatic	
	<input type="checkbox"/> Base load	<input type="checkbox"/> Peak load	<input type="checkbox"/> other (give description)	

6.0 Remarks	