

Advance Loss of Profits Insurance Questionnaire

NOTE: This insurance is subject to the insurance of the cargo being arranged with us.

If there is insufficient spaces for your answer to any question please use a separate sheet of paper.

1. Name and address of Proposer:
2. Nature of project:
3. Project site (if appropriate give map reference):
4. Do you have a project/risk manager in overall control? Yes No
5. Basis of cover:
 - (a) Net profit:
 - (b) Standing charges:
 - (c) Increased cost of working:
 - (d) Other, please specify:
6. Have the above figures been calculated by reference to any known figures? Yes No
If estimates, are the calculations available? Yes No
7. Period of indemnity required:
Commencing on:
8. State the planned start-up date of the project:
How can start-up be defined:
9. Is there any allowance in the construction programme for delays? Yes No
If so, give details:
10. How long will installation take and what period of time is being allowed for testing and necessary adjustments before planned commercial production date?
.....
11. Please complete the attached bar chart showing manufacture time, shipping time (including customs and inland transit) replacement time, installation time and start-up date (or attach your own bar chart).
.....
12. Name the contractors responsible for installation work
 - (a) Will contractors' all risks/machinery erection and testing insurance be in force ? Yes No
 - (b) If so, state name(s) of the insurers and branch:
13. What is the full contract price?

14. What standby plant is available to commence commercial production on the anticipated start-up date and to what extent will such plant be able to contribute to maintaining the anticipated turnover?
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15. Describe as fully as possible the actual nature of the machinery and attach a schedule in respect of any delicate components which might be susceptible to damage in transit.
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16. Sum insured for Marine physical damage risks, state how calculated e.g. delivered cost site
- (a) In total: R
- (b) To be shipped by any one vessel: R
17. Specify terms of purchase if not Ex Works:
18. Is the equipment new or secondhand?
- In respect of secondhand items, will there be independent technical assessment of such items and if so by whom?
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19. Will there be expert supervision of:
- | | | |
|---|-----|----|
| (a) loading and stowage at supplier's premises? | Yes | No |
| (b) loading and stowage at load port? | Yes | No |
| (c) discharge at destination port? | Yes | No |
| (d) loading and stowage for transport to destination? | Yes | No |
20. Will there be any interruption of the ordinary course of transit by deliberate storage en route? Yes No
- (a) If "yes" what will the maximum period be?
- (b) What will the maximum value in any one store be? (Calculated as in 16): R
- (c) Which items will be subject to such storage?
21. State how the equipment will be packed
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22. Please give details of any equipment to be shipped on-deck (other than in structurally fully enclosed I.S.O. shipping containers?)
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23. Please attach the shipping programme which should include the following for each item:
- (a) Name and address of suppliers/manufacturers.
- (b) Shipping line to be used.
- (c) Port or shipment

- (d) Expected date of shipment.
- (e) Port of destination.
- (f) Estimated date of arrival at project site.
- (g) Transhipments.
- (h) Barge risks.

24. What is the distance and method of transit from factory to port of shipment?

25. What is the distance and method of transit from port of discharge to final delivery site?
.....

26. Will the equipment be immediately inspected on arrival at final delivery site? Yes No
If so, by whom?

If "no" which items will not be immediately inspected and what is the anticipated delay?
.....

27. Are any of the items to be imported of a prototype nature? Yes No
If so, give details:

What is the estimated re-manufacturing/re-delivery period for such items?

28. In the event of minor damage, will it be possible for local repairs to be carried out? Yes No
If so, give details:

29. In the event of replacements being required, what is the maximum replacement period required by manufacturers?
.....

30. Will the entire machinery be imported from the manufacturers or will certain parts be manufactured locally?
Yes No
Please give details with separate values of such parts.
.....

31. Are spare parts/replacement parts readily available
(a) from the original manufacturers? Yes No
(b) from other sources? Yes No

32. Specify on the attached schedule critical items without which production could not commence.
.....
.....

What would the re-order/replacement period be for each of these?
.....

Can replacements be sent by airfreight?

Are there any import restrictions or a waiting list?

33. Any other information relative to the risk

Critical items

Description of item:

Cost, insurance and freight value:

Name of manufacturer:

Address of manufacturing site:

Is there an alternative manufacturer? Yes No

Port of shipment: Date of shipment:

Commencement (*date of installation*):

Installation and testing period:

Replacement items**:

**Please highlight any especially fragile or prototype items.*

***The total time to remanufacture or return and repair, reship, reinstall and re-test the item if it is irretrievably lost or suffers major damage.*

Declaration

Has any Insurer ever (*if yes to any of the questions below, please attached full details*):

Declined to insure you? Yes No

Cancelled your insurance? Yes No

Refused to renew your insurance? Yes No

Imposed special terms? Yes No

I/We declare that the information and answers given in this form are true to the best of our knowledge and belief and that I/we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind the Insurer or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Full name:

Position/designation:

Signature of above authorised representative
and company rubber stamp: Date: