



BOILER AND PRESSURE VESSEL INSURANCE PROPOSAL FORM

BH Insurance (M) Bhd. 29962-V
 (Formerly known as Royal & Sun Alliance Insurance (M) Bhd)
 (A member of Boustead Group)

Registered Office
 Wisma Boustead 71 Jalan Raja Chulan 50200 Kuala Lumpur
 P.O.Box 12192 50770 Kuala Lumpur
 Telephone: 03 21410233 Facsimile: 03 21429219
 Website : www.bhinsurance.com.my

Intermediary :

Cover Note No :

A. Particulars Of Proposer

*** Please answer all questions fully. Ticks and dashes are not sufficient.**

1. Name of Proposer :																																																									
2. Correspondence Address :																													Post Code																												
3. Situation of Risk :																													Post Code																												
4. Proposer's Trade :																																																									
5. Business Reg. No. :																																																									
6. Contact Tel No :																																																									
7. Period of Cover :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td></td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td></td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>										/			/					D	D		M	M		Y	Y	Y	Y	To	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td></td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td></td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>										/			/					D	D		M	M		Y	Y	Y	Y
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B. Questionnaire

1. List of Plant

Please complete Schedule overleaf

Do the items represent the whole of the plant under steam, fluid or air pressure?

Yes No

If "No", what sections or items are not included?

2. Is any of the plant standby or only intermittently or seasonally in use? Yes No

If "Yes", mark on the Schedule of Plant indicating extent of use.

3. Is all the plant in satisfactory trouble-free condition? Yes No

If "No", state nature of any defects.

4. Is any of the plant covered by a Maker's Guarantee? Yes No

If "Yes", state on the Schedule of Plant and give expiry date of guarantee.

5. Is all the plant subject to a regular, periodic inspection by an independent, competent person? Yes No

If "Yes", by whom and frequency?
Please attach copies of latest inspection reports.

6. Is the boiler plant continuously attended by qualified attendants? Yes No

If "No", what percentage of their time is given to other duties?

7. Are any explosion risks or the consequences of explosion covered under a separate Fire Policy? Yes No

If "Yes", please provide details.

8. Is the policy to be extended to include the risk of Flue gas explosion? Yes No

i.e., the explosion of ignited gases in the furnaces or flues.

If "Yes", state how the boiler plant is fired e.g., oil, gas, coal or pulverised fuel etc.

9. Is any of the boiler plant automatically controlled? Yes No

If "Yes", do the controls include an independent overriding control capable of shutting off the fuel supply if water level falls to pre determined low level?
(indicate on the Schedule of Plant)

10. Are claims settlements to include expediting expenses (extra cost of overtime and holiday rates of wages, express delivery, etc. in connection with repairs or replacements)? Yes No

(Subject to a limit of 25% of the normal cost of repair or replacement).

11. Is there a log book in use? Yes No

12. Are the following regularly tested?

(a) safety valves Yes No

(b) automatic controls

Yes No

If "Yes", at what intervals?

13. Are the following regularly "blown down"?

(a) the boiler(s)

Yes No

(b) water level controllers

Yes No

(c) water gauge glasses

Yes No

If "Yes", at what intervals?

14. Are the samples taken of the feed and boiler water?

Yes No

If "Yes", who carries out the tests and at what intervals?

15. Is there a water treatment programme for boilers?

Yes No

If "Yes", please provide details.

C. Insurance and Previous Loss History

1. Have you previously insured against Boiler and Pressure Vessel Insurance?

Yes No

If "Yes", please provide details including name(s) of insurer(s) and expiry date.

2. Has any insurer in respect of the risks to which this proposal relates ever

(a) declined your proposal, refused renewal or terminated your insurance?

Yes No

(b) required an increased premium or imposed special conditions?

Yes No

If "Yes", to either (a) or (b), please provide details.

3. Has any of the boiler plant suffered damage during the past 3 years?

Yes No

If "Yes", please provide details.

Date	Description of Plant	Amount of Loss	Circumstances

N.B:

1. If the space provided is insufficient for answers or for any supporting information, please use additional sheet(s) and attach.
2. The information contained herein will form the basis upon which the premium will be computed and the policy issued. Should any of this information subsequently prove to be inaccurate this may well prejudice the client with regard to indemnification.

D. Declaration

I/We to the best of my/our knowledge hereby confirmed that the statements contained in this proposal form are true and correct and I/We have not concealed misrepresented or misstated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with **BH Insurance (M) Bhd** and are deemed to be incorporated in the contract.

.....
Signature of Proposer

(Signing this form does not bind you to complete the insurance)

.....
Date

IMPORTANT NOTES

1. Your attention is drawn to the 60 days Premium Warranty attached to the Policy. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from the commencement date of cover.
2. No cover is in force until this Proposal has been accepted by the Company.

**“PENERANGAN MENURUT SEKSYEN 149(4)
AKTA INSURANS 1996”**

Kamu adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang kamu tahu atau harus tahu di atas cadangan insuran ini, kalau tidak polisi yang dikeluarkan menurut cadangan ini adalah tidak sah.

**“STATEMENT PURSUANT TO SECTION 149(4)
OF THE INSURANCE ACT 1996”**

You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued may be invalid.

