

10. Please detail the steps taken to minimize the interruption period.

- by utilizing other available plant
- by overtime work in the unaffected portion of the work
- by installation of hired or loaned machine.

11. How many hours daily did the affected departments work and how many days of a week?

12. How many working hours do you estimate were lost?

13. What is the total output of the Department/ plant/ works affected during the 12 months immediately prior to the loss/ breakdown.

14. Has there been any saving in standing charges? YES NO

If YES, please give details:

15. Has there been any increase in a cost of working to maintain protection? YES NO

If YES, please give details:

16. What was the loss in output due to damage to the equipment? On what basis this figure has been calculated

DETAIL OF OTHER INSURANCES

17. Give details of other Insurance, if any, covering the present loss

DETAILS OF PREVIOUS LOSSES

18. Give details of previous Claims, if any, on the project

DECLARATIONS

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also agree to provide additional information to the company, if required.

Date: _____

Proposer Signature: _____

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