

## PROPOSAL FORM FOR MACHINERY INSURANCE

AGENT / BROKER  ACCOUNT NO.:  POLICY NUMBER

### SECTION 1 - LEGAL ENTITY, CORPORATE OR SME CUSTOMER DETAILS

- i) Trade Name   
 Legal/Registered Name   
 Registration Number   
 Country of Incorporation  Country of Parent Company if any
- ii) Contact Details (mobile):  (tel):   
 (email address):   
 (Postal Address):  (Postal code):  (town/city):   
 Residential Address (Physical)
- iii) Nature of Business  Sector
- iv) Income Tax No. (PIN)  (Attach a copy of PIN Certificate)
- v) Beneficial Owner (Attach CR12)
- vi) Source of Income  Business Proceeds  Rent (Real Estate)  Donations  Government Funding
- vii) Source of Wealth  Legal Settlement  Royalties  Interest   
 Court Order  Sale of Property  Sale of Investment  
 Government Funding  Shareholders Contribution

### SECTION 2: MACHINERY INFORMATION

- i) Period of insurance From ---- To ----
- ii) 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?  
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- iii) Do you wish to insure the foundation of the machinery?  Yes  No  
 If so, which items of the specification and what companies?  
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- iv) Do you wish to insure the foundation of the machinery?  Yes  No  
 If not, does the machinery to be insured represent all the machinery coverable in one plant section?  Yes  No
- v) 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: \_\_\_\_\_

vi) Give details of any special extension of cover required

The primary mode of delivery of your policy document and other official documents shall be via email.  
Kindly provide your email address below:

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### CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- i) Collecting, using, disclosing, processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- ii) Collecting and sharing my personal data information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>): and
- iii) Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority.

I/We hereby agree that this Proposal and Declaration shall form the basis of the contract between me/us and the Heritage Insurance Company Kenya Limited.

Proposer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.*

# Additional Questionnaire for Machinery Insurance of Hydroelctrical Power Stations

Only to be completed with Questionnaire for Machinery Insurance

1: General Technical data			
Water Head	m	Annual Maximum	m <sup>3</sup> /s
Water Flow : Annual average	m <sup>3</sup> /s		
Number of Units			
Is it a pumped-storage plant ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2.1: Life History			
2.1: Life History	Manufacturer		
	Year of Manufacture		Operating Hours
	Total		Per Year
	Date of Last Overhaul (Attach Report)		
Previous Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Petlon <input type="checkbox"/> Other		
	Shaft	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other		
	Capacity	MW	Speed	rpm
	Nominal discharge	m <sup>3</sup> /s		
	If the power plant is a pumped storage plant	<input type="checkbox"/> Pump turbine set <input type="checkbox"/> Reversible turbine		

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

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

3.2: Specification	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 styles	Automatic synchronizing devices	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>4.2: Specifications</b>	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	%		Rated Current    kV
Load tap changers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	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
<b>4.3: Protection and Safety Devices</b>	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 Arrester	<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	
	Lightning equipement 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: Operations and Maintenance**

<b>5.1: Staff</b>	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	Are there periodic visits?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly? <input type="checkbox"/> Other	
	Engineers		
	Operating personnel shift		
	Maintenance personnel shift		
<b>5.2: Operation</b>	<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 ( description )		

6.0: Remarks	Other Details
	