



ISP QUOTATION REQUEST FORM
Experts in Mobile Plant Protection

Insured: _____
 Situation of Depot: _____ Post Code: _____
 Years in Business: _____ Current Insurer: _____ Due Date: _____
 Claims History (for the last 5 years): _____

Business Activities (please provide split of occupation and turnover)	Turnover

Description of Plant to be insured (If insufficient space, please attach your own schedule):-

Item	Year/ Make/ Model/ Serial	Tonne	Reg No.	Market Value
1				
2				
3				
4				
5				
6				

Section 1 Damage Items to be covered: _____
 Wet Hire: % _____ Dry Hire: % _____ Damage Waiver:
 If yes to dry hire please attach a copy of clients hire conditions.
 Use of Machines Underground (additional information required)

Section 2 Hired-In Plant (Standard \$50,000 extension for ongoing Hiring Charges in the event of claim)

Specified Cover. Items to be covered: _____
 Blanket Cover. Please fill in the following:
 Types of items to be hired in i.e. excavators: _____
 Max sum insured all items: \$ _____ any one item: \$ _____
 Hiring charges paid by client (annual): \$ _____

Section 3 Additional Benefits for Sections 1 and 2 (1-10 apply automatically)

- 1 Damage to Lifted Goods: Sum Insured \$5,000 Increase to Limit (50/100/250/500/1M) \$ _____
- 2 Multiple Crane Operation
- 3 Expediting Costs: Sum Insured \$10,000 or 20% of Indemnity, lesser applies
- 4 Recovery Costs – No Damage: Sum Insured: \$50,000
- 5 Recovery Costs – Damage: Sum Insured: \$250,000
- 6 Employees property damage Sum Insured: \$5000
- 7 Indemnity to hirer – Wet Hire
- 8 Appreciation in Value
- 9 Extra costs of reinstatement Sum Insured: \$50,000
- 10 Additions/Deletions of Machines: Sum Insured \$250,000 – Notify within 60 days
- 11 Agreed Value (written valuation required) Optional Items: _____
- 12 Market Value Plus Optional Items: _____
- 13 Owners Protection Optional (applies to wet hire activities)
- 14 Owners Protection Plus Optional (applies to wet and dry hire activities)
- 15 Hired-Out Plant (Damage Waivers) Optional Items: _____

Section 4 Financial Protection (Period: 3, 6 or 12 months)

- Loss of Revenue & INCOW Items: _____ Sum Insured per item: (20,50,100K) \$ _____ Period: _____
- Loss of Revenue Items: _____ Sum Insured per item: (20,50,100K) \$ _____ Period: _____
- Increased cost of working Items: _____ Sum Insured per item: (20,50,100K) \$ _____ Period: _____
- Lease Payments Protection Items: _____ Monthly Repayment Figure: \$ _____ Period: _____
- Lease Value Protection Items: _____

Section 5 Breakdown Items: _____

Section 6 Road Risk (Third Party Property Damage)

Registered Units/Conditional Registration: _____ Sum Insured: (20/30M) \$ _____

Section 7 Broadform Liability (Public/ Products Liability)

Sum Insured: (5/10/20/30M) \$ _____ Additional CCC (standard 250K): \$ _____

- Use of machines in connection with Rail (add info required) Importing / Manufacturing (add info required)
- Subcontractors/ Contractors: Annual Payments: _____ Labor Hire: Annual Payments: _____