

# HIRED IN PLANT INSURANCE QUESTIONNAIRE

PLEASE NOTE: THIS FORM MUST BE COMPLETED BY YOUR INSURERS OR INSURANCE BROKERS

PRINCIPAL

CONTRACTOR

## BUSINESS DESCRIPTION:

### HIRED IN PLANT

Insurer :

Expiry Date :

Policy Number :

Is Cover for "All Risks".

Yes/No

If NO; indicate perils insured

Maximum Limit Indemnity for any one claim

£

Excess applying to each claim

£

Does Policy extend to note interest of any principal

Yes/No

In respect of the insurance cover:

1. Has the premium for the current period been paid? Yes/No

2. Please advise if there are exclusions applicable to any of the above policies.

If so, please include a copy of the relevant clauses from your policy documentation.

**We must be advised if cover ceases mid-term, or is lapsed at renewal.**

**Please contact 01952 586721 or [sales@msmplant.co.uk](mailto:sales@msmplant.co.uk).**

I hereby certify that the answers given are to the best of my knowledge and belief are true and correct record of the insurance currently held by the above named company, trader etc.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_

FCA No. \_\_\_\_\_

### COMPANY STAMP

**Please return to [Sales@msmplant.co.uk](mailto:Sales@msmplant.co.uk)**