

Head Office: Plot 1412, Ahmadu Bello Way, Victoria Island, Lagos Tel.: 01-2701560-5 Fax 01- 4613284: RC 133276

POLICY NO _____

CONSEQUENTIAL LOSS / ADVANCE PROFITS INSURANCE CLAIM FORM

1. Will the entire plant be imported from overseas Manufacturers or will certain parts be manufactured locally?
Please give details with separate values.

2. What are the Ports of loading and discharge and when are the shipments expected to leave the Port of loading?

3. When are shipments due to arrive at destination?

4. Give detailed information concerning the installation programme, if any, with anticipated start up dates.

5. How long will installation take and what period of time is being allowed for testing and necessary adjustments before planned production date?

6. What is the spares position? Are there any vital pieces of equipment without which production could not commence, can replacements be sent by Airfreight and are there any import restrictions or a waiting list?

7. Can repairs be effected by insured's personnel?

8. Accurate replacement times as stated by the Manufacturers of plant should be given.

9. Describe as fully as possible the actual nature of the plant and indicate whether there are any delicate components, which might be susceptible to damage in transit etc.

10. What period of indemnity is required?

11. What is the estimated amount of net profit and standing charges to be insured?

12. What is your gross profit & Rate of turnover on Machine

13. What is the standard turnover

14. What is the production before the loss

I/We declare that the above is a full and accurate statement and that the sum claimed, viz further declare that no other person except _____ has any interest in the said property.

Date _____ Signature/Stamp of Insured _____

PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED

(The company does not admit liability by the issue of this form)