

## Questionnaire Property damage / Production machines

Policy N° / Quotation N°

Insured Name

Location address

Detailed description of business

Number of business days/weeks

Business hours

Do you have machines exclusively designed or manufactured for your company needs?

No

Yes- Specify

### COMPLETE THE FOLLOWING TABLE FOR ANY MACHINE WITH A VALUE OF \$ 100,000 OR GREATER

Description	Numerical control automated or computerized? If so, specify.	Age	Quantity	Replacement value	% of production	# of days for	
						Major repairs	Total replacement

### ADDITIONAL INFORMATION

In the event of a claim, can production be completed by another company under contract?

Is there a preventive maintenance plan at the site? Provided by who?

Losses within the last three (3) years

Previous insurer?

Signature

Date