

Machine index

No.	Type / use of the machine	Brand	Year of construction	Location/ Building according to questionnaire	Stationary extinguishing system	Sum insured	New value/ Current value	Desired perils*
1							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
2							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
3							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
4							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
5							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
6							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
7							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
8							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
9							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
10							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
11							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
12							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
13							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
14							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
15							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA

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16							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
17							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
18							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
19							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
20							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
21							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
22							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
23							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
24							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
25							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
26							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
27							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA
28							<input type="checkbox"/> new value <input type="checkbox"/> current value	<input type="checkbox"/> F <input type="checkbox"/> WD <input type="checkbox"/> SH <input type="checkbox"/> BU <input type="checkbox"/> NA

Date / Stamp / handwritten signature of the managing director or proprietor: _____