

## BREAKDOWN EXTENSION QUESTIONNAIRE

Please advise details of the insured items requiring breakdown cover

ITEM	DESCRIPTION	AGE	SUM INSURED
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

Please confirm that all items are subject to a scheduled routine maintenance programme  Yes  No

Please confirm that you maintain records of the maintenance undertaken  Yes  No

Who is the maintenance, and/or repairs carried out by?

Our staff  External long term contractors  Contractors on a random basis

Have any of the items had a full refurbishment, or a major repair in the last 3 years?  Yes  No

If Yes, please advise details:

Have any of the items been subject to a Machinery Breakdown claim in the last 5 years?  Yes  No

If Yes, please advise details: