

INCREASED COST OF WORKING QUESTIONNAIRE

Please advise details of the insured items requiring Cover for increased cost of working:

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

Do you currently have spare capacity within the plant fleet to be able to continue the work being carried out by all the above items? Yes No

If No, what would be the maximum duration before work could be recommenced? Weeks

Are all these items readily replaceable, or easily available for hire? Yes No

Have you suffered any loss, whether insured or not for this type of loss in the last 5 years? Yes No

If Yes, please advise details:

i) Full details of Loss

ii) Time period that the business was affected and the costs incurred