

UIN : IRDAN113CP0016V01201920

## PROPOSAL FORM

### ERECTION ALL RISKS / MARINE - CUM ERECTION INSURANCE

(The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid)  
 Information given herein will be treated in strict confidence)

Agent \_\_\_\_\_

Client Code

1. a. Name of the principal

Is your name mentioned above as per your Aadhaar Card? :  YES  No If No, Please mention the Name as per Aadhaar Card

Aadhar Card No.  PAN Number :

Date of Birth  Gender : Male  Female  Other

b. Address

Tel. No. : \_\_\_\_\_ Email : \_\_\_\_\_

c. Trade or Business \_\_\_\_\_

#### Bank Details

Name as pr Bank

Name Of Bank

Bank Account No.  IFSC Code

IFSC Code

\* I accept to pay & receive claim amount (if any) in the above given Bank a/c

#### Electronic-Insurance Account:

Please provide e-IA No. to deposit your insurance policy. : \_\_\_\_\_

Do you want to open e-IA account: Yes/No

#### Existing Customer

Are you an existing customer of BGL? Yes No

If Yes. Please provide PID No: \_\_\_\_\_ / Policy No. \_\_\_\_\_

I hereby confirm that, there is no change in my existing KYC details that are available from my previous/existing policy.

d. Name of the contractor

Is your name mentioned above as per your Aadhaar Card? :  YES  No If No, Please mention the Name as per Aadhaar Card

Aadhar Card No.  PAN Number :

Date of Birth  Gender : Male  Female  Other

e. Address

Tel. No. : \_\_\_\_\_ Email : \_\_\_\_\_



<p>3. Full description of the plant &amp; machinery to be erected including capacities</p>	
<p>a. i) Are any other plant / equipments being erected or already planned to be erected at the same site?</p>	
<p>ii) Particulars of such plant / equipments</p>	
<p>iii) Contract value Kindly state the contract value in Rupees</p>	
<p>iv) Kindly enclose a map of the site marking the positions where such plant/equipment will be erected and the positions for the project now under proposal for insurance</p>	
<p>v) Are stores and equipments relating to this project stored at the same or adjoining place that is use for the project under this proposal</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Describe in detail the fire fighting arrangements to be provided before commencement of storage at the project site Kindly enclose as an annexure</p>	
<p>4. a. Is this contract/sub-contract forming part of an overall erection project of value exceeding Rs. 5 crores</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. If yes, give name of the project</p>	
<p>c. Is this an extension of an existing plant ? If yes, will operation of existing plant continue during erection period ?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

5.	a.	Have the plans, designs and materials been already tested in any previous erection ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b.	Is the installation or part thereof built for the first time ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c.	Are you the manufacturer, importer, buyer or contractor of the installation ?	<input type="checkbox"/> Buyer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Contractor
	d.	Is the property brand new or is it second hand and used one ?	<input type="checkbox"/> Second Hand <input type="checkbox"/> Brand New
	e.	If second hand, state age	
6.	a.	Will the erection be carried out by your own personnel ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b.	If not by whom ?	
	c.	Past experience of the erectors (kindly specify the type of contracts undertaken in the past)	
7.	a.	Will any sub-contractors be taking part in the work of erection ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b.	If yes, what is their position as regards the insurance ?	
8.		The contract site	
	a.	Location of site where the plant is to be erected	
	b.	Nearest port & / or railway station and distance from the site or erection	
9.	a.	i) Are any special risks of floods, fire or explosion involved ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		ii) if yes, give details	

b.	Distance from nearest river or sea (the name and particulars fo be given)	
c.	Elevation of erection site above normal river or sea level	_____ meters
d.	Is there any record of the erection site ever hiving been submerged during floods	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Earthquake cover required Specify Zone I/II/III/IV (refer All India Fire Tariff)	<input type="checkbox"/> Zone I <input type="checkbox"/> Zone II <input type="checkbox"/> Zone III <input type="checkbox"/> Zone IV
f.	Meteorological conditions (in brief) (Kindly specify annual rainfall in mm normal wind speed etc.)	
10. a.	Brief description of the arrangements made for storage of equipments-whether in open or closed premises.	
b. i)	Will there be security on duty round the clock?	
ii)	If not, what precautions will be taken against theft, malicious damage, etc?	
11.	The Insurance Period	
a.	Probable date of first shipment or despatch	<input type="text"/> (dd/mm/yy)
b.	Expected date of first arrival at site	<input type="text"/> (dd/mm/yy)
c.	Expected date of last arrival at site	<input type="text"/> (dd/mm/yy)
d.	Probable date of commencement of erection of plant & machinery	<input type="text"/> (dd/mm/yy)
e.	Probable date on which erection of plant and machinery is expected to be finally completed	<input type="text"/> (dd/mm/yy)
f.	Duration of testing period	<input type="text"/>
g.	Period of insurance required including test	Months From <input type="text"/> (dd/mm/yy) To <input type="text"/> (dd/mm/yy)
h.	If maintenance cover required	
i)	Limited maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="text"/> Months
ii)	Extended maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="text"/> Months
		From <input type="text"/> (dd/mm/yy) To <input type="text"/> (dd/mm/yy)

12. Sum insured	
a. On landed cost of imported machinery as at factory site (Exchange rate Rs. ___ to a\$ _____)	
i) Invoice cost	
ii) Freight, insurance, handling, clearing and transportation charges upto factory site	
iii) Customs duty	
b. On machinery fabricated or manufactured in India	
i) invoice cost including insurance, handling and clearing and transporting upto factory site	Rs.
ii) Freight	Rs.
c. Cost of foundation relating to a. & b. above	Rs.
d. On cost of erection, including salaries of all foreign and Indian technicians and wages of all skilled and unskilled labour employed at factory site during erection.	Rs.
e. On building in which the above plant and machinery is to be erected	
i) Permanent civil engineering works	Rs.
ii) Temporary work	Rs.
iii) Completely erected value	Rs.
2. Clearance and removal of debris	Rs.
3. Construction plant and machinery to be used at the project site - details as per attached list	Rs.
4. Insured's own surrounding property	Rs.
5. a. On increased replacement value (including duty on such additional replacement values) which may have to be paid on replacement of imported plant and machinery as per item 12.1.(a) above	Rs.
b. On increased replacement value of indigenous plant and machinery as per item 12.1.(b) above	Rs.
6. a. Extra charges for express freight (excluding air freight) overtime, Sunday and holiday rates of wages viz expediting cost	Rs.
b. Air freight (other than above)	Rs.

7. Third party liability	
a. For any one accident	
b. For all accidents during the period	
8. Additional customs duty	
Total sum insured	
13. Additional cover	
a. Earthquake peril	
b. Additional Transit and /or storage cover	
14. a. Have you approached any other insurance company for insurance cover in respect of this proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, please state name of the insurance company	
15. Has any such proposal been	
a. Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Withdrawn	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Accepted subject to an increased rate or special conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No

The following questions are to be answered if Marine/Transit cover is required :

16. a. Are there any fragile items like refractory materials, asbestos cement sheets, porcelain material, glass equipment, fire bricks, graphite electrodes etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, please give their value in Rs., description and mode of packing ( whether packed in cases or loose)	
17. a. Do you want cement to be covered	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, give its value in Rs. and mode of packing	
18. Please give particulars of voyage for imports.	

19. What is the limit required	
a. Per shipment? (in case of imports)	
b. Per despatch ? (in case of indigenous materials)	
20. Please state (for inland transit)	
a. How will the goods be transported to site of erection?	<input type="checkbox"/> Rail <input type="checkbox"/> Lorry <input type="checkbox"/> Steamer <input type="checkbox"/> Country Craft
b. How many transhipments will be there? (Specify numbers)	
c. Special hazards, if any, in transporting goods from nearest station/ port to erection site	
21. Do you require War & S.R.C.C. risk to be covered during overseas/inland transits	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do you wish to opt for excess under marine/transit losses	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Details Mode of Payment : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Cash <input type="checkbox"/> Other Cheque - Given by : <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Employer / Employee <input type="checkbox"/> Financier
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**Claim Docs**

I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the company.

I/we hereby unconditionally allow the Company to share all my/ our information being collected in this proposal form or through telephone/ email/ web-inputs means or other means, as updated from time to time within group entities.

Date :

Place :

Proposer's Signature

Proposer's Signature

**INSURANCE ACT 1938 SECTION 41- Prohibition or Rebates**

- No person shall allow or offer to allow either directly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees

## Declaration - Physical Proposal Form

Are you or any of the proposal applicants a PEP or a close relative of PEP\*?

If yes, please share the details \_\_\_\_\_

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc."  Yes/  No

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC  Yes/  No

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.  Yes/  No

I/We hereby give voluntary consent to BGIL/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.  Yes/  No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your Yes/No service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, Whats App Service (Say 'Hi' on Whats App- +917507245858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email- [careforyou@bajajgeneral.com](mailto:careforyou@bajajgeneral.com), website-<https://www.bajajgeneralinsurance.com/general-insurance.html>, contact your agent or nearest branch.

### Declaration :

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

Name of Witness : \_\_\_\_\_

Signature of Witness : \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

### Disability Declaration :

Any Physical deformity or handicap Yes No

If Yes. Please provide details: \_\_\_\_\_ (Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)

I \_\_\_\_\_ authorised representative of Mr./Miss/Mrs. \_\_\_\_\_ hereby giving consent on the behalf of the proposer due to his/her disability, that he/she has understood the content of this form and its particulars and confirmed the same

Name of Authorised Representative : \_\_\_\_\_

Signature of Authorised representative : \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

### Claim Docs

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company.

### Agent/ Intermediary Declaration :

I, \_\_\_\_\_, acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer pursuant to this Proposal may be treated by the Company as null and void, and all premiums paid under the Policy may be forfeited to the Company.

IRDAI COR No./ License No.(Advisor/Corporate Agent/Broker/Relationship Officer)

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Agent / IMD ( SP /DP / BQP) signature and their code

Agent/IMD Name \_\_\_\_\_ Agent/IMD Code \_\_\_\_\_ Agent/IMD Signature \_\_\_\_\_

SP / BQP / DP / PoS Name \_\_\_\_\_ SP / BQP / DP / PoS CoR No.: \_\_\_\_\_ SP / BQP / DP / PoS Signature \_\_\_\_\_

DISCLAIMER:

This message, including any attachments may contain proprietary, confidential and privileged information of our company [BGIL] for the sole use of the intended recipient(s), and is Strictly Confidential protected by law. If you are not the intended recipient, please notify the sender immediately and destroy all copies of the original message and attachments, if any, from all your computer/mobile/network systems/servers/CPU. Any unauthorized person and or unauthorized purposes of review, use, disclosure, dissemination, forwarding, printing or copying of this email or any action taken in reliance on this e-mail is strictly prohibited and may be unlawful. Bajaj General Insurance Limited reserves the right to record, monitor and inspect all email communications through its internal and external networks. Your messages can be subject to such lawful supervision as Bajaj General Insurance Limited deems necessary in order to protect its information, interests, documents, records, and reputation. Bajaj General Insurance Limited prohibits and may take suitable steps to prevent their information systems from being used to view, store or forward offensive or discriminatory or prohibited/unlawful material/records/documents. If this message contains such material, please report it to careforyou@bajajgeneral.com Please ensure you have adequate virus protection before you open or detach any documents from this transmission. Bajaj General Insurance Limited does not accept any liability for viruses To report any incident of corruption please write on careforyou@bajajgeneral.com If you like our services, like us on Facebook.