

## Proposal Form - Contractor's Plant & Machinery Insurance

GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence.)

1. Please fill the form in BLOCK LETTERS and leave on box blank between two words. All details marked with \* are mandatory.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance.
5. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

### FOR OFFICE USE ONLY

Branch Code :

Intermediary Code\* :

Intermediary Location Code :

Intermediary Employee Code :

Intermediary Reference Code :

Sales Manager Code :

### PROPOSER INFORMATION

Proposer's Name:  F I R S T           M I D D L E            L A S T

Proposer's Trade or Business:

#### Correspondence Address:

Block/Flat No.\*:  Floor No.:  Building Name\*:

Street Name\*:  Locality:

Landmark\*:

City/Village\*:  Pincode\*:

Post Office:  PAN No.:

Mobile No.\*:  Landline\*:  S T D

Email ID 1\*:

Email ID 2:

Location of Operation (site of property to be insured): Address same as above:  Yes  No

If not, please provide below (If there are multiple risk locations, use extra sheet)

Block/Flat No.\*:  Floor No.:  Building Name\*:

Street Name\*:  Locality:

Landmark\*:

City/Village\*:  Pincode\*:

Post Office:

Mobile No.\*:  Landline\*:  S T D

Nearest Railway Station and Distance:

Do the items listed represent the entire machinery used by you at the above location?  Yes  No

Are you at present Insured?  Yes  No

• If Yes, with whom?

Has any company

• Declined to insure any of the Machinery now proposed?  Yes  No

• Required an increased premium or imposed special conditions?  Yes  No

• Requested for repairs or made other special stipulations for risk improvement?  Yes  No

Are you aware of any defects/damages existing in the machinery?  Yes  No

If 'Yes', give details thereof .....

Do you own or use any equipment other than that described above working on the same site?  Yes  No

Is any of the equipment now proposed:

• Licensed for road use? Registration no. etc  Yes  No

• Covered by any other insurance?  Yes  No

If Yes, give details .....

Are you the owner of the proposed equipment?  Yes  No

If Yes, will you be hiring out?  Yes  No

If the equipment is hired;

• Is Insurance your responsibility?  Yes  No

• Is maintenance and operation your responsibility?  Yes  No

Are the premises where the equipment operates well guarded?  Yes  No

What is the site condition where the equipment will be utilized?  Plain  Hilly Terrain  Quarries  Offshore  Others

Is the equipment likely to operate on reclaimed or soft ground?

Are the equipments likely to operate underground?  Yes  No

Are ground condition such that equipment is exposed to the risk of toppling over?  Yes  No If Yes, give details .....

Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities?  Yes  No

If Yes, give detail and safety precautions taken .....

Will equipment belonging to other contractors operate on the same site?  Yes  No

Do you have trained and qualified operators?  Yes  No Are there any statutory rules governing the appointment?  Yes  No

Which of the equipments are required to be inspected and certified for operation by statutory rules? .....

Has your machinery sustained any damage from breakdown or other cause during last 3 years?  Yes  No

If Yes, give details of damage/s and repairing cost .....

Is regular periodical inspection of the machinery carried out?  Yes  No If Yes, by whom and at what intervals? .....

On payment of additional premium do you wish to cover? If Yes, please select & provide limits of indemnity you wish to cover

	Select (✓)	₹
Express Freight (excluding Airfreight), overtime and Holiday rates of wages		
Air Freight		
Owners surrounding property		
Clearance & Removal of Debris		
Additional Custom Duty		
Escalation		



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