

**CONTRACTOR'S PLANT AND MACHINERY INSURANCE POLICY
PROPOSAL FORM**

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

Basic Information

1. Intermediary Name	
2. Agent/Broker Code	
3. Name of the Proposer	
4. Address of the Proposer	
5. Phone Number	
6. Email id	
7. Paid up capital of the firm	
8. Name of the Insured (Policy to be issued in favor of)	
9. Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions?	
10. Proposed locations of plant & machinery (Generally put in use)	
11. Proposed Districts in which the risk is located	
12. Proposed State in which the risk is located	
13. Pin code of the location of risk	
14. Risk Occupancy	
15. Period of Insurance: Start Date (dd/mm/yyyy). Note: Please ensure that the policy date and time is on or after the date of payment of premium to us.	
16. Period of Insurance: End date (dd/mm/yyyy) Note: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.	

17.	Do the items listed represent the entire machinery used by you at the above location?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	a)	Are you at present Insured?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	If so, with whom?	b)
19.	Has any company -		
	a)	Declined to insure any of the Machinery now proposed	a) <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	Required an increased premium or imposed special conditions	b) <input type="checkbox"/> Yes <input type="checkbox"/> No
	c)	Requested for repairs or made other special stipulations for risk improvement?	c) <input type="checkbox"/> Yes <input type="checkbox"/> No
20.	a)	Are you aware of any defects/ damages existing in the machinery?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	If so, give details thereof	b)
21.	Is any of the equipment now proposed:		
	a)	Licensed for road use? If so, give details	a) <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	Covered by any other insurance? If so give details	b) <input type="checkbox"/> Yes <input type="checkbox"/> No
22.	a)	Are you the owner of the proposed equipment? If yes, will you be hiring out?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	If the equipment is hired;	
		i)	Is Insurance your responsibility
	ii)	Is maintenance and operation your responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Are the premises where the equipment operates well guarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	a)	What is the site condition where the equipment will be utilized?	a)
	b)	Are the equipment likely to operate on reclaimed or soft ground?	b)
	c)	Are the equipments likely to operate underground?	c) <input type="checkbox"/> Yes <input type="checkbox"/> No
	d)	Are ground condition such that equipment are exposed to the risk of toppling over? If so, give details?	d)

	e)	Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give detail and safety precautions taken.	e)	
25.		Will equipment belonging to other contractors operate on the same site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
26.		Do you have trained and qualified operators? Are there any statutory rules governing the appointment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
27.		Which of the equipments are required to be inspected and certified for operation by statutory rules?		
28.	a)	Has your machinery sustained any damage from breakdown or other cause during last 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	If so, give details of damage/s and Repairing cost	b)	
29.	a)	Is regular periodical inspection of the machinery carried out?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	If so, by whom and at what intervals?		
30.	On payment of additional premium do you wish to cover the following? If yes provide limits of indemnity:			
	a)	Express Freight (excluding Airfreight), overtime and Holiday rates of wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs. _____
	b)	Air Freight	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs. _____
	c)	Owners surrounding property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs. _____
	d)	Clearance & Removal of Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs. _____
	e)	Additional Custom Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs. _____
	f)	Escalation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs. _____
	g)	Third Party Liability -	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	a)	For any one accident		Rs. _____
	b)	For all accident during the period		Rs. _____

SCHEDULE OF MACHINERY TO BE INSURED –

S. No	Quantity	Description Type	Model, Capacity of Machine/ Serial No. HP/ KVA Volts, AMPS, RPM	Maker's Name and Country of Origin	Year of Make	Sum Insured

GUIDE NOTES -

- I. Each Machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3. Full description with identification no. etc. of each and every equipment with valuation should be declared.
- II. The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection costs, customs duty, etc., to afford full protection under the Policy.
- III. If any of the Machines is a 'Stand by' this fact should be mentioned.
- IV. All Portable Machines must be so designated.
- V. All items in the open must be so described separately.
- VI. Transit risks from site to site will be excluded.
- VII. The proposals with Sum Insured more than Rs.5 crores **shall be referred** for finalization of special rates, terms and conditions.

Declaration by Insured

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the Raheja QBE General Insurance Company Limited

I/We also declare that if any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Place

Date

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out **or** renew or continue an insurance in respect of any kind or 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 on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.