

**ERECTION ALL RISKS INSURANCE POLICY
PROPOSAL FORM**

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

| Sl. No. | Details | Answer |
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| 1. | a) Name & Communication Address of the Principal's Trade or business | a) |
| | b) Name & Permanent Address of the Principal's Trade or business | b) |
| | c) Name & Address of the Contractor's Trade or business | c) |
| | d) Name & Address of the Sub Contractor, if any, Trade or Business | c) |
| 2. | THE INSURED INTERESTS - | |
| | Whose Interests are to be Insured? | <input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-contractor |
| 3. | THE CONTRACT WORKS - | |
| | a) Type of main plant | a) |
| | b) Full description of the Plant & Machinery to be erected, including capacity. | b) |
| 4. | a) Is this a contract/sub-contract forming part of an over all erection project. | a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) If yes, give name of the project. | b) |
| | c) Whether to be commissioned independently or with the main plant? | c) <input type="checkbox"/> Independently <input type="checkbox"/> With Main Plant |
| 5. | a) Have the Plans, Designs and Materials been already tested in any previous erection? | a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) Is the installation or part thereof built for the first time | b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | c) Are you the manufacturer, importer, buyer or contractor of the installation? | c) <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Buyer <input type="checkbox"/> Contractor |
| | d) Is the property brand new or is it second hand or used one? | d) Brand New <input type="checkbox"/> Second Hand <input type="checkbox"/> Used <input type="checkbox"/> |
| | e) If second hand or used, state age | e) |

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| 6. | a) Will the erection be carried out by your own personnel? | a) <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | b) If not, by whom? | b) | |
| | c) Past experience of the Erector | c) | |
| 7. | a) Will any sub-contractors be taking part in the work of erection? | a) <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | b) If yes, what is their position as regards this insurance? | b) | |
| 8. | THE CONTRACT SITE - | | |
| | a) Location of site where the Plant is to be erected. | a) | |
| | b) Nearest Port &/or Railway Station and distance. | b) | |
| | Note - A complete lay out of the Factory and Site may be enclosed. | | |
| 9. | i) Are any special risks of floods, fire or explosion involved? | a) i) <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | ii) If yes, give details | ii) | |
| | b) Distance from nearest river or sea - the names and particulars to be given. | b) | |
| | c) Elevation of Erection Site above normal river or sea level. | c) | |
| | d) Is there any record of the Erection site ever having been submerged during floods? | d) <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | e) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II | e) <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | STORAGE ARRANGEMENTS - | | |
| | Brief description of the arrangements made for storage of equipments – whether in open or closed premises. | a) | |
| | i) Will there be a watchman on duty round the clock? | b) i) <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | ii) If not, what precautions will be taken against theft, malicious damage etc.? | ii) | |
| 11. | THE INSURANCE PERIOD - | | |
| | a) Probable date of first shipment or dispatch | a) | |
| | b) Expected date of first arrival at site. | b) | |
| | c) Expected date of last arrival at site. | c) | |
| | d) Probable date of commencement of erection of Plant & Machinery | d) | |

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| | e) Probable date on which erection of Plant & Machinery is expected to be completed finally. | e) |
| | f) Duration of testing period included in (g) below. | f) _____ months |
| | g) Period of Insurance required including test run _____ months | From _____ To _____ |
| | h) Period of Insurance required for maintenance/ extended maintenance. | |
| 12. | SUM INSURED – | |
| 12.1 | a) On landed cost of imported machinery as at Factory Site i.e. @ Exchange rate _____ (sub divided as under) (i) Invoice Cost (ii) Freight, Insurance, Handling, Clearing and Transportation charges upto Factory Site. (iii) Customs Duty | (i) Rs. _____ (ii) Rs. _____ (iii) Rs. _____ |
| 12.1 | b) On machinery fabricated or manufactured in India (sub divided as under) (i) Invoice Cost including insurance, handling and clearing and transporting upto factory Site. (ii) Freight | (i) Rs. _____ (ii) Rs. _____ |
| 12.1 | c) Cost of Foundation relating to (a) & (b) above | c) Rs. _____ |
| 12.1 | 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. | d) Rs. _____ |
| 12.1 | e) On Civil Works (i) Permanent Civil Engineering Works (ii) Temporary works | (i) Rs. _____ (ii) Rs. _____ |
| | Completely Erected value | Rs. _____ |
| 12.2 | Clearance and Removal of Debris | _____ % of Claim Amount Rs. _____ Any one Claim Limit Rs. _____ Aggregate Claim Limit |
| 12.3 | Construction Plant and Machinery to be used at the Project Site. (Details as per attached list) | Rs. _____ % |
| 12.4 | Insured's own Surrounding Property | Rs. _____ / _____ % of Sum Insured |

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| | 12.5 a) On increased replacement value (including duty on such additional replacement value) which may have to be paid on replacement of imported Plant and Machinery as per item 12.1 (a) above. | a) Rs. _____ ⇒ |
| | b) On increased replacement value which may have to be paid on replacement of indigenous Plant and Machinery as per item 12.1 (b) above. | a) Rs. _____ ⇒ |
| | c) Escalation on 12.1 (d) – - On increased replacement value - On reconstruction of ⇒ Permanent Civil Works ⇒ Temporary Works | c) ⇒ Rs. _____ ⇒ Rs. _____ ⇒ Rs. _____ |
| | 12.6 Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost | Rs. _____ |
| | 12.7 Additional Customs Duty | Rs. _____ |
| | 12.8 Air Freight | Rs. _____ |
| | 12.9 A). Third Party Liability – a) For any one accident b) For all accidents during the period | a) Rs. _____ b) Rs. _____ |
| | TOTAL SUM INSURED | Rs. _____ |
| | B). Is Cross Liability required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | Do you wish to opt for higher amounts of deductible excess? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, (specify). | Rs. _____ |
| 14. | a) Have you approached any other Insurance Co. for insurance cover in respect of this Proposal? | a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) If yes, please state the name of the Insurance Co. | b) _____ |
| 15. | Has any such proposal been - | |
| | a) declined? | a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) withdrawn? | b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | c) accepted subject to an increased rate or special conditions? | c) <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 16. | Do you require MARINE/TRANSIT Insurance cover | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, the following questions are to be answered - | | |
| | a) Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, Glass equipments, Fire Bricks, Graphite Electrode etc. | a) <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | b) If yes, please give their value, description and mode of packing (whether packed in cases or loose) | b) | |
| c) Do you want cement to be covered? | c) <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | d) If yes , give its value and mode of packing(whether packed in gunny bags or paper bags) | d) | |
| 17. | Give details of other items to be insured. Please mention value, mode of packing. | | |
| | | | |
| 18. | Please give particulars of voyage for imports. | | |
| | What is the limit required - | | |
| a) Per any one shipment? (In case of imports) | a) Rs. _____ | | |
| b) Per any one dispatch? (In case of indigenous materials) | b) Rs. _____ | | |
| 19. | Please state (for Inland Transit) - | | |
| | a) How the goods will be transported to site of erection? | a) <input type="checkbox"/> By Rail <input type="checkbox"/> By Steamer <input type="checkbox"/> By Lorry <input type="checkbox"/> By Country Craft | |
| | b) How much Transshipment will be there? | b) | |
| c) Special hazards, if any, in transporting goods from nearest Station/Port to erection site. | c) | | |
| 20. | Do you require War & S.R.C.C. Risk to be covered during Overseas/inland transits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. | Do you wish to opt for excess under marine/transit losses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Excess : | _____ % of Per Bottom Limit | |



RAHEJA QBE GENERAL INSURANCE COMPANY

Declaration by Insured

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 give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

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.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? YES / NO

If yes, please give 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

Place:

Date:

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

1. 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 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 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.



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