

PROPOSAL FORM

SPECIALIST INSURANCE POLICY FOR SINGLE PROJECT DESIGN RISKS

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Design & Consult Risks for Building Contractors

PROPOSAL FORM

Intermediary: _____

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that Raheja QBE may issue to you. You are obliged to provide the insurer with a full and frank disclosure of any and all facts, which you know or could reasonably be expected to know, that may be material to the insurer's decision to grant a policy or the terms upon which it should be granted. It is therefore important that you answer fully and accurately all of the questions contained in this proposal, that you provide the insurer with any and all information that may be relevant, and you inform the insurer in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with this obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to the insurer.

If any intermediary is involved in the procurement of this policy, such intermediary shall be deemed to be your agent, including for the purposes of the provision of information and the payment of premium.

The insurer is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

NOTICE TO THE PROPOSED INSURED

1. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;

- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

Please note that the above exclusions are only illustrative and you must refer to the policy document for further details.

2. Average Provision

The policy provides that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.

IMPORTANT

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The Applicant will be referred to in this Proposal as "You" or "Your".

B. DETAILS OF APPLICANT

1. Full name of the applicant and their relationship to the client in respect of this project (eg head or principal contractor):

.....

.....

2. Please list EACH Practice in the design and consulting team.

Full Name and Address of Head or Principal Office	Date Established	Activity or Business	Cover Required [Yes/No]
.....			
.....			
.....			
.....			
.....			

3. Please supply the following details in respect of EACH engineer, architect and surveyor in the design and consulting team.

Names of Engineers, Architects and Surveyors	Age	Qualifications	Date Qualified
.....			
.....			
.....			
.....			
.....			

C. DETAILS OF PROJECT

1. 1.1 Please provide details of the Project to be insured.

(a) title of Project

.....

.....

(b) location

.....

.....

(c) estimated contract value

.....
(d) estimated gross fee income to be received by the design and consulting team.....

(e) brief description and type of contract (including number of buildings):
.....
.....
.....
.....

2. Please complete the time chart below

2.1 Pre-Design Phase

Pre-Design Phase (Including Feasibility Studies)			
From	To	Fees (\$/INR)	Contract Value (\$/INR) (If Applicable)
.....			
.....			

2.2 Design Phase.

Design Phase			
From	To	Fees (\$/INR)	Contract Value (\$/INR) (If Applicable)
.....			
.....			

2.3 Construction Phase.

Construction Phase			
From	To	Fees (\$/INR)	Contract Value (\$/INR) (If Applicable)
.....			
.....			

2.4 Maintenance Phase.

Construction Phase			
From	To	Fees (\$/INR)	Contract Value (\$/INR) (If Applicable)
.....			
.....			

3. Do you engage in any

(i) actual construction?

YES ☐ NO ☐

RAHEJA QBE GENERAL INSURANCE CO. LTD.

If YES, please provide full details.

.....

- (ii) actual product manufacturing? YES ☐ NO ☐

If YES, please provide full details.

.....

4. Please detail below the activities of the Practices to be covered in respect of this Project.

Activity	Total Amount Including Any Amount Sub-Contracted		Amount Sub-Contracted	
	Contract Value (\$/INR)	Fee (\$/INR)	Contract Value (\$/INR)	Fee (\$/INR)
(a) Civil engineering	 %			
(b) Mechanical engineering	 %			
(c) Electrical engineering	 %			
(d) Structural engineering	 %			
(e) Heating & ventilating/air conditioning engineering	 %			
(f) Acoustical engineering	 %			
(g) Chemical engineering	 %			
(h) Geotechnical / soil engineering	 %			
(i) Hydraulic/fire engineering	 %			
(j) Plumbing engineering	 %			

(k) Environmental Engineering				
(1) Environmental Pollution Surveys				
(2) Design of Pollution Control Equipment	 %			
(3) Others (Please specify)	 %			
(l) Mining engineering	..... %	.....	.....	.....
(m) Nuclear engineering	..... %	.....	.....	.....
(n) Marine engineering	..... %	.....	.....	.....
(o) Architecture	..... %	.....	.....	.....
(p) Drafting	..... %	.....	.....	.....
(q) Town planning	..... %	.....	.....	.....
(r) Surveying				
(i) land	..... %	.....	.....	.....
(ii) quantity	..... %	.....	.....	.....
(iii) building	..... %	.....	.....	.....
(iv) marine	..... %	.....	.....	.....
(s) Interior designing	..... %	.....	.....	.....
(t) Project management	..... %	.....	.....	.....
(u) Construction management	..... %	.....	.....	.....
(v) Registered Inspection/Accredited Checking/Authorised Person	 %			
(w) Others (please specify)	..... %	.....	.....	.....
Total for this Project	..... %	.....	.....	.....

5. Which of the following professional duties are required to be performed by or on behalf of the proposer within the provisions of the contract?

- | | |
|-------------------------|--|
| (a) Feasibility studies | YES ☐ NO ☐ |
| (b) Cost estimates | YES ☐ NO ☐ |
| (c) Cash flow forecasts | YES ☐ NO ☐ |

- | | |
|---|--|
| (d) Geotechnical services | YES ☐ NO ☐ |
| (e) Design criteria | YES ☐ NO ☐ |
| (f) Working drawings | YES ☐ NO ☐ |
| (g) Flow sheets | YES ☐ NO ☐ |
| (h) Drafting contract conditions | YES ☐ NO ☐ |
| (i) Quantity estimates | YES ☐ NO ☐ |
| (j) Instructions to Tenderers | YES ☐ NO ☐ |
| (k) Tender adjudication | YES ☐ NO ☐ |
| (l) Approval of detailed design /
drawings | YES ☐ NO ☐ |
| (m) Co-ordination / expediting | YES ☐ NO ☐ |
| (n) Quality control and assurance | YES ☐ NO ☐ |
| (o) Arranging site insurance | YES ☐ NO ☐ |
| (p) Inspection of installation work | YES ☐ NO ☐ |
| (q) Measurement | YES ☐ NO ☐ |
| (r) Authorising progress payments | YES ☐ NO ☐ |
| (s) Administering retention fund | YES ☐ NO ☐ |
| (t) Supervision of commissioning | YES ☐ NO ☐ |
| (u) Issuing variation orders | YES ☐ NO ☐ |
| (v) Settling contractual claims | YES ☐ NO ☐ |
| (w) Certifying final payment / completion | YES ☐ NO ☐ |
| (x) Agreeing clearing, forwarding and
customs dues | YES ☐ NO ☐ |
| Other (please specify) : | YES ☐ NO ☐ |

Note: Unless specifically extended, the policy does not provide cover for claims arising out of the supervisory activities which under a traditional form of contract would be the responsibility of the contractor and not the professional team.

D. CLAIMS DETAILS

1. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the applicant or any Practice to be covered or have circumstances been notified to insurers that might give rise to a claim?

YES ☐ NO ☐

If YES, please supply the following details in respect to each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or outstanding?
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

2. Is the Applicant or any Practice to be covered, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the Applicant or any Practice to be covered which matter is not referred to in Question

1 above?

YES ☐ NO ☐

If YES, please provide the following details in respect of each matter.

Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of Potential Liability
.....		
.....		
.....		
.....		

3. Is the Applicant or any Practice to be covered, AFTER ENQUIRY, aware of any claim or circumstance that might give rise to a claim in respect of this Project?

YES ☐ NO ☐

If YES, please provide full details.

.....

E. Insurance Cover

- (a) Does the Applicant or any Practice to be covered presently carry, or have they ever carried Professional Indemnity Insurance? YES ☐ NO ☐

If Yes, please supply details:

Name of Practice	Name of Insurer	Limit of Indemnity	Amount of Deductible/Excess	Expiry Date

- (b) Has the Applicant or any Practice to be covered ever been refused Professional Indemnity insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed?

YES ☐ NO ☐

If Yes, please supply details.

.....

F. APPLICATION FOR COVER

1. 1.1 Limit of Indemnity required: (in the aggregate)
 1.2 Deductible/excess requested: (each and every claim)
 1.3 Extensions:

Please indicate if you seek cover for the following optional extensions.

- Consultants, Sub-Contractors And Agents YES ☐ NO ☐
- Project Management YES ☐ NO ☐
- Construction Supervision YES ☐ NO ☐

G. DECLARATION

I am/We the undersigned authorised Insured Person(s), after enquiry declare as follows:

1. I am / We are authorised by each of the other Applicants to make this Proposal.
2. I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
3. I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform the insurer of any change in the particulars or statements contained in this Proposal or in the accompanying documents.
5. I/We hereby declare and warrant on my behalf and on behalf of all those to be insured and after enquiry that to the best of my knowledge and belief that the answers given above are complete and accurate in all respects and that I have not withheld any information material to this Proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed with Raheja QBE.
6. 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.
7. 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.
8. 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.
9. I hereby declare and warrant after enquiry that to the best of my knowledge and belief that the answers given above are complete and accurate in all respects and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed with the insurer.
10. 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*

Name of Applicant:.....

Signed:

Partner, Principal or Director: Date :

Practices to be covered

- (i) Name of Applicant:.....
 Signed:
 Partner, Principal or Director : Date :
 Name and Title:
- (ii) Name of Applicant:.....
 Signed:
 Partner, Principal or Director : Date :
 Name and Title:
- (iii) Name of Applicant:.....
 Signed:
 Partner, Principal or Director : Date :
 Name and Title:
- (iv) Name of Practice :.....
 Signed:
 Partner, Principal or Director : Date :
 Name and Title:

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED HEAD OFFICE - 5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai - 400059 Telephone: +91 22 4171 5050 Facsimile: +91 22 4171 4920	Your Insurance Adviser or Broker
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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 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.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten Lakh rupees.

DECLARATION FOR COMPLIANCE WITH ANTI-MONEY LAUNDERING REGULATIONS

We _____ (Insured Named) hereby declare that the source of funds for the premium paid for obtaining this insurance cover is through legitimate funds from our Bank Account No. _____ with _____ . (Name of the Bank).

.....
Place & Date

.....
Signature of the Insured

Please enclose one document of 'Proof of Identity' and one document as 'Proof of Address' with this application.

The following documents are accepted as:

Proof of Identity:	Proof of Address:
For Individuals	
1. Passport	1. Telephone/Mobile bill not older than six months on the date of commencement of insurance
2. PAN Card	2. Bank A/c Statement with Residential address not older than six months on the date of commencement
3. Driver's License	3. Electricity Bill
4. Voter's Identity Card	4. Ration Card
5. Letter from Recognized Public Authority	5. Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk
	6. Employer's Certificate
	7. Letter from Recognized Public Authority
For Companies	
1. Certificate of Incorporation and Memorandum and Articles of Association.	
2. Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account.	
3. Power of Attorney granted to its managers, officers or employees to transact business on its behalf.	
4. Copy of PAN allotment letter	
For Partnership Firms	
1. Registration Certificate	
2. Partnership Deed	
3. Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf.	
4. An officially valid document identifying the partners and the persons holding the Power of Attorney and their address.	
For Trusts and Foundations	
1. Certificate of registration, if registered.	
2. Power of Attorney granted to transact business on its behalf.	
3. Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/directors and their address.	
4. Resolution of the founding body of the foundation/trust/association.	

Please note that this is not an exhaustive list. If you do not have any of these documents please contact your Agent/Broker/nearest Raheja QBE Office or call our Toll Free Number 1800 - 102 - 7723