

## PROPOSAL & QUESTIONNAIRE FOR CONTRACTOR'S PLANT & MACHINERY INSURANCE

Sales	Officer :		Proposal Form No:			
Broker	r/Agent	Name :	Business Sector : Urban     Rural			
Тур	e of Indi	vidual : Salaried    Self employed    Professional				
If en	tity, Typ	pe of entity : Partnership firm    Company    Others if other	r (please specify)			
Ann	ual Inco	me : (In Rupess) :   _ _ _ _ _ _ _ _ _ _	_			
Do y	ou file i	ncome tax return ? Yes  _   No  _   Do you own	a bank account ? Yes    No			
Date	of Birth	n:  _ _ / _   Country:  _   _	PAN Number :			
1. I	Informat	of the Company does not commence until acceptance of the prition given herein will be treated in strict Confidence.  ) mark wherever applicable.	oposal has been formally intimated by the Company.			
a) I	Propose	r's Name, Trade or business & Address				
b) l	Location	of Operation (site of property to be insured				
Sı	r. No.	Details	Answer			
1.		Do the items listed represent the entire machinery used by you at the above location OR is/ are there any other equip	Yes  _  No  _  ments?			
2.	a)	Details of present insurance?				
3	a)	Has this proposal been declined, withdrawn or accepted subj to an increased rate or special conditions? If so the name(s) o insurance co(s)	''			
4.	a)	Are you aware of any defects/ damages existing in the machi Give details.	nery. Yes  _  No  _			
5	Is any a) b)	of the equipment now proposed : Licensed for road use? If so, give details Covered by any other insurance? If so give details				
6.	a)	Are you the owner of the proposed equipment? If yes, will yo be hiring out?	u			
	b)	If the equipment is hired;				
		I) Is Insurance your responsibility     ii) Is maintenance and operation your responsibility?				
7.		Are the premises where the equipment operates well guarded				
9.	a)	What is the site condition where the equipment will be utilized	?t			
	b)	Are the equipment likely to operate on reclaimed or soft grou	nd?			
	c)	Are the equipments likely to operate underground?				
	d)	Are ground condition such that equipment are exposed to the toppling over? If so give details?	erisk of			
	e)	Is the site susceptible to flood, sea damage, storm, cyclone o calamities? If so, give detail and safety precautions taken.	r other natural			
10.		Will equipment belonging to other contractors operate on the	same site?			
11.		Do you have trained and qualified operators? Are there any strules governing the appointment?	atutory			
12.		Which of the equipments are required to be inspected and ce operation by statuary rules?	rtified for			
13.	a)	Has your machinery sustained any damage from breakdown cause during last 3 years? Provide details	or other Yes  _  No  _			
14.	a)	Is regular periodical inspection of the machinery carried out? Provide details of the same.	Yes  _  No  _			

15.	5. On payment of additional premium do you wish to cover - If Yes, provide limits of indemnit						s of indemnity -	
	a)	Express F	reight (excluding	Airfreight), overtime and Holiday rate	es of wages	Rs.   _ _ _ _		
	b)	Air Freigh	nt	Rs.   _				
	c)	Owners s	surrounding prop	erty	Rs.			
	d)	Clearance	e & Removal of De	Rs.				
	e)	Additional Custom Duty Rs.  _ _ _ _						
	f)	Escalation Rs.   _   _   _   _   _						
	g)	Third Party Liability -  I) For any one accident  Rs.  _ _ _ _ _ _ _						
		ii) For all accident during the period					_ _ _ _	
	h)	Any Add	Any Add -On that you wish to opt for ? Provide details.					
16.		Period of	Insurance		From _		_ To	
SCHEDULE OF MACHINERY TO BE INSURED –								
		Description Type, Model						
		Sr. No	Quantity	Capacity of Machine Serial No. HP/KVA Volts, Amps, RPM	Makers Name and country of origin	Year of Make	Sum Insured	
		(1)	(2)	(3)	(4)	(5)	(6)	

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## **GUIDE NOTES -**

- 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.
- The Sum Insured must be calculated on the <u>present day new</u> 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.
- If any of the Machines is a `Stand by' this fact should be mentioned.
- All Portable Machines must be so designated.
- All items in the open must be so described separately.
- VI. Transit risks from site to site will be excluded.
- \*Attach separate sheets wherever necessary.

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 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 declare and undertake that the amount paid by me/us as premium for the aforementioned policy is out of my/our lawful and declared source of income.

Place			
Dated	Proposer's Signature		

## Section 41 of Insurance Act 1938

## 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 published prospectuses or tables of the Insurer.
- Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to five hundred rupees.



Mailing Address: ICICI Lombard General Insurance Company Limited, Interface Building No.11, 401/402 4th Floor, New Link Road Malad (W), Mumbai - 400064. Corporate Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.