

# CONTRACTOR'S PLANT & MACHINERY INSURANCE POLICY RETAIL - PROPOSAL FORM

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.  
Put a (✓) mark wherever applicable, and answer in full, no abbreviations should be used.

Service Branch Code: \_\_\_\_\_ Service Branch Name: \_\_\_\_\_

### FOR OFFICE USE

Quote No.: \_\_\_\_\_ Inward No.: \_\_\_\_\_  
 Receipt No.: \_\_\_\_\_ Receipt Date: 

D	D	M	M	Y	Y	Y	Y
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 Sales Manager Name: \_\_\_\_\_ Sales Manager Code : \_\_\_\_\_

### INTERMEDIARY DETAILS

Segment Type: Individual  Retail  SME  Corporate  Others  Business Sector: Urban  Rural  Social   
 Business Type: New  Rollover  Renewal  Intermediary Type: Agency  Broker  Banca  Direct  Others   
 Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_  
 Intermediary Sales Person's Name: \_\_\_\_\_ Intermediary Sales Person's Contact Number: 

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 Intermediary Sales Person's Code: \_\_\_\_\_ Source Code: \_\_\_\_\_  
 Email ID: \_\_\_\_\_ POS UID Aadhaar No./PAN: \_\_\_\_\_

### PROPOSER DETAILS

a) Proposer's Name: \_\_\_\_\_  
 b) Proposer's Trade or Business: \_\_\_\_\_  
 c) PAN: 

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 (copy of PAN card to be provided where premium equals or exceeds ₹1 lakh)  
 d) Proposer's Postal Address: \_\_\_\_\_  
 e) Location of Operation (site of property to be insured): \_\_\_\_\_  
 f) Nearest Railway station and Distance: \_\_\_\_\_

### SO WHAT'S THE RISK THAT NEEDS COVER?

1	Do the items listed represent the entire machinery used by you at the above location.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	a) Are you at present Insured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) If so, with whom?				
3	Has any company				
	a) Declined to insure any of the Machinery now proposed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) Required an increased premium or imposed special conditions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c) Requested for repairs or made other special stipulations for risk improvement?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4	a) Are you aware of any defects/ damages existing in the machinery.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) If so, give details thereof				
5	Do you own or use any equipment other than that described above working on the same site?				
6	Is any of the equipment now proposed;				
	a) Licensed for road use? If so, give details				
	b) Covered by any other insurance? If so give details				
7	a) Are you the owner of the proposed equipment? If yes, will you be hiring out?				
	b) If the equipment is hired;				
	i) Is Insurance your responsibility				
	ii) Is maintenance and operation your responsibility?				
8	Are the premises where the equipment operates well guarded?				

9	a) What is the site condition where the equipment will be utilized?	
	b) Are the equipment likely to operate on reclaimed or soft ground?	
	c) Are the equipment likely to operate underground?	
	d) Are ground condition such that equipment are exposed to the risk of toppling over?	
	If so, give details?	
	e) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities?	
	If so, give details and safety precautions taken	
10	Will equipment belonging to other contractors operate on the same site?	
11	Do you have trained and qualified operators?	
	Are there any statutory rules governing the appointment?	
12	Which of the equipments are required to be inspected and certified for operation by statutory rules?	
13	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	
14	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?	
15	On payment of additional premium, do you wish to cover -	If Yes, provide limits of indemnity
	a) Express Freight (excluding Airfreight), overtime and Holiday rates of wages	₹ _____ <input type="checkbox"/> No
	b) Air Freight	₹ _____ <input type="checkbox"/> No
	c) Owner's surrounding property	₹ _____ <input type="checkbox"/> No
	d) Clearance & Removal of Debris	₹ _____ <input type="checkbox"/> No
	e) Additional Custom Duty	₹ _____ <input type="checkbox"/> No
	f) Escalation	₹ _____ <input type="checkbox"/> No
	g) Third Party Liability -	₹ _____
	i) For any one accident	₹ _____
ii) For all accident during the period	₹ _____	
16	Period of Insurance	From DD/MM/YYYY To DD/MM/YYYY

#### SCHEDULE OF MACHINERY TO BE INSURED

Sr. 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 (in ₹)
1					
2					
3					
4					
5					
6					

#### 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.

## PAYMENT DETAILS

Please draw your Cheque (a/c payee only) in the name of "Edelweiss General Insurance Company Limited" (\*Mandatory fields)

Cheque No./DD No.:           Amount:           Date:

UTR No.:

Bank Name:                      Branch:

Bank Account No. \*:                      IFSC:

\*Claim/refund amount will be deposited in this bank account only, unless changed later

## DECLARATION BY PROPOSER

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

I/ We hereby confirm that the premium amount has been paid from legal sources and that the provisions of the Prevention of Money Laundering Act, 2002, and as may be amended, shall be adhered to at all times.

I/ We understand and agree that Edelweiss General Insurance Company Limited has the right to cancel/ terminate the policy, if and when issued, upon gaining knowledge of misrepresentation/ misconduct/ fraud/ inappropriate information through this Proposal Form or that of my/ our conviction under the provisions of the Prevention of Money Laundering Act, 2002.

I/ We further agree that if any additions or alterations are carried out in the risk proposed after submission of this Proposal Form, the same shall be conveyed to Edelweiss General Insurance Company Limited immediately.

I/We agree to receive service related information from Edelweiss General Insurance Company Limited and its service providers from time to time, through electronic and telecommunication modes including WhatsApp, and understand that no unsolicited information will be sent to me/us

I/We state that the salient features and terms and conditions of the proposed insurance contract have been explained to me/us in vernacular language, and I/We agree to the same

I/We, hereby, further declare, on my behalf and on behalf of all persons proposed to be insured, that I/We have fully understood the product features, including its suitability, the contents of this proposal form and all other connected documents significant and incidental to availing the insurance policy from the Company

Date:

Place:

Signature of Proposer

Name and designation  
(Stamp, where proposer is a juristic person)

## SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 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 prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ₹10 Lakhs.

## DOCUMENTS LIST (Please Tick ✓)

Proposal cum Questionnaire:  Payment Advice / Instrument:

As a go-green initiative, Edelweiss General Insurance Co. Ltd. shall be sending the policy documents to your e-mail address, as provided by you in this Proposal Form.

I do not want the physical copy of my policy documents.

I want the physical copy of the policy documents to be sent to my address, as mentioned in this Proposal Form.

**ACKNOWLEDGEMENT**

We acknowledge with thanks the receipt of your proposal dated 

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 towards Contractor's Plant & Machinery Insurance Policy in favour of \_\_\_\_\_

We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no. \_\_\_\_\_ , for an amount of ₹ \_\_\_\_\_ .

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised.

If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Signature of the Receiver  
and Official Seal