

CONTRACTOR'S ALL RISKS INSURANCE POLICY - RETAIL PROPOSAL FORM

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid. Please note that acceptance of this form does not imply acceptance of liability by the Company. Information given herein will be treated in strict confidence. Put a (✓) mark wherever needed.

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 : _____
Servicing Branch Code: _____ **Servicing Branch Name:** _____

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 Contact No.: _____ Intermediary Reference Code: _____
 Intermediary Sales Person's Name: _____ Intermediary Sales Person's Contact Number: _____
 Intermediary Sales Person's Code: _____ Source Code: _____
 Intermediary Email ID: _____ POS UID Aadhaar No./PAN: _____

PROPOSER DETAILS

Name of Proposer (Full Registered Name): _____
 PAN*: _____ *Copy of PAN card to be provided if (i) premium paid in cash equals or exceeds ₹50,000 or (ii) premium equals or exceeds ₹1,00,000
 Name of Contact Person: _____
 Business of Proposer: _____ Paid up Capital of Proposer: _____
 Address of Proposer: _____
 Locality: _____ City: _____ Pin Code: _____ State: _____ Landmark: _____
 Client Type: Corporate SME Government PSU Partnership Others
 Period of Insurance: From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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RISK DETAILS

S. No.	Details	
1	a) Name & Address of the Principal Trade or business:	
	b) Name & Address of the Contractor Trade or business:	
	c) Name & Address of the Sub Contractor, if any, Trade or Business:	
	THE INSURED INTERESTS -	
2	Whose Interests are to be Insured?	Contractor <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Principal <input type="checkbox"/>
3	THE CONTRACT WORKS -	
	a) Full description of the Contract:	
	b) Please give details -	
	i) Building (type of construction, number of storeys etc.):	
	ii) Blasting operation:	
	iii) Excavation work:	
	iv) Pile driving:	
	v) Tunnelling:	
	vi) Dam Construction or diversion of water:	
	vii) Others (Specify):	
	Note - A site plan of contract works may be enclosed.	
4	i) Is this a contract/Sub-contract forming part of an overall construction project	Yes <input type="checkbox"/> No <input type="checkbox"/>
	ii) If yes, give name of the Project	
5	a) Will the construction be carried out by your own personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If not, by whom?	
	c) Past experience of the Contractor	
6	a) Will any sub-contractors be taking part in the work of construction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, what is their position as regards this insurance?	

	THE CONTRACT SITE	
7	a) Location of Contract site:	
	b) Nearest port and/or railway station and distance. Note - A complete lay out of the site may be enclosed	
8	a) Are any Special Risks of one or more of the following involved?	
	i) Earthquake-Fire & Shock	
	ii) Landslide/Rockslide/ Subsidence	
	iii) Flood/Inundation	
	iv) Storm/Tempest/Hurricane/Typhoon/ Cyclone	
	v) Collapse	
	vi) Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea.	
	b) Distance from nearest river, lake, reservoir or sea - the names and particulars to be given:	
	c) Elevation of construction site above normal river, lake, reservoir or sea level:	
	d) Is there any record of the construction site ever having been affected by any of the major perils specified in (a) above?	
9	Give full details regarding geological condition including sub soil	
10	a) Brief description of the arrangements made for storage of construction materials and equipments - whether in open or closed premises.	
	b) i) Will there be a watch and ward round the clock?	
	ii) If not, what precautions will be taken against theft, malicious damage etc.:	
11	THE INSURANCE	
	a) Estimated construction period excluding maintenance period (cover to commence from the date of first arrival of consignment material at site or commencement of work whichever is earlier):	Months <input type="text"/> <input type="text"/> From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	b) Cover required during maintenance period, if any:	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c) Probable date on which construction is expected to be completed	
	d) Period of Insurance required:	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12	a) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, please state name of the Insurance Company.	
13	Has any such proposal been -	
	a) declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) withdrawn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) accepted subject to an increased rate or special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	SUM INSURED	
14	i) Contract works: Note -Please attach schedule of quantities and rates and/or values (Permanent & Temporary works including all materials to be incorporated therein)	
	a) Contract Price:	₹
	b) Materials or items supplied by the Principal:	₹
	c) Any additional items not included in (a) and (b) above:	₹
	d) Landed cost of imported items as at construction site (please specify whether included in (a) and/or (b) above):	₹
	at Exchange Rate -----	₹
	TOTAL VALUE OF CONSTRUCTION	₹
	i) Construction Plant & Machinery to be used at the construction site (Details as per attached sheet):	₹
	ii) Clearance & Removal of Debris:	₹
	iii) Insured's own surrounding property.	₹
	iv) Extra charges for Express Freight (excluding Air Freight) overtime Sunday & Holiday rates of wages, if required:	₹
	v) On increased Replacement value for item i (a) (b) & (d) above, if required:	₹
	vi) Third Party liability:	₹
	a) for any one accident	₹
	b) for all accidents during the period	₹
15	Do you wish to opt for higher amounts of Deductible Excess? If yes, whether	Yes <input type="checkbox"/> No <input type="checkbox"/> i) 2 times <input type="checkbox"/> ii) 5 times <input type="checkbox"/> iii) 10 times <input type="checkbox"/> iv) 20 times <input type="checkbox"/>

PAYMENT DETAILS

Please draw your Cheque (a/c payee only) or Demand Draft in favour 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 subsequently

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 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 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 provided 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 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.

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 All Risks 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.

Date:

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Place:

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Signature of the Receiver
and Official Seal