

ERECTION ALL RISKS INSURANCE POLICY - COMMERCIAL 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 us. Information given herein will be treated in strict confidence. Put a (√) mark wherever needed.

Servicing Branch Code: _____ **Servicing 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 BIT ABOUT YOU, PLEASE!)

Name of Proposer (Full Registered Name): _____
 PAN*:

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 *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:

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 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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SO WHAT'S THE RISK THAT NEEDS COVER?

Put a (√) mark wherever applicable.

Sr. No.	Details	Answer
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	
2	THE INSURED INTERESTS Whose Interests are to be Insured?	Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-contractor <input type="checkbox"/>
3	D) THE CONTRACT WORKS -	
	a) Type of main plant	
4	b) Full description of the plant & Machinery to be erected, including Capacity. (Please attach separate sheet, if necessary)	
	a) Is this a contract/sub-contract forming part of an overall erection project.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, give name of the project.	
5	c) Whether to be commissioned independently or with the main plant.	independently <input type="checkbox"/> With Main Plant <input type="checkbox"/>
	a) Have the Plans, Designs and Materials been already tested in any previous erection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Is the installation or part thereof built for the first time	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Are you the manufacturer, importer, buyer or contractor of the installation?	Buyer <input type="checkbox"/> Importer <input type="checkbox"/> Contractor <input type="checkbox"/> Manufacturer <input type="checkbox"/>
	d) Is the property brand new or is it second hand or used one?	Brand New <input type="checkbox"/> Second Hand <input type="checkbox"/> Used One <input type="checkbox"/>
6	e) If second hand or used, state age	
	a) Will the erection be carried out by your own personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If not, by whom?	
7	c) Past experience of the Erector	
	a) Will any sub-contractors be taking part in the work of erection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, what is their position as regards this insurance?	

Sr. No.	Details	Answer
8	THE CONTRACT SITE	
	a) Location of site where the Plant is to be erected? b) Nearest Port &/or Railway Station and distance. Note -A complete lay out of the Factory and Site may be enclosed.	
9	a) i) Are any special risks of floods, fire or explosion involved? ii) If yes, give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Distance from nearest river or sea - the names and particulars to be given.	
	c) Elevation of Erection Site above normal River or sea level.	
	d) Is there any record of the Erection site ever having been submerged during floods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	e) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	STORAGE ARRANGEMENTS	
	a) Brief description of the arrangements made for storage of equipment – whether in open or closed premises.	
	b) i) Will there be a watchman on duty round the clock? ii) If not, what precautions will be taken against theft, malicious damage etc.?	
11	E) THE INSURANCE PERIOD	
	a) Probable date of first shipment or dispatch	
	b) Expected date of first arrival at site.	
	c) Expected date of last arrival at site.	
	d) Probable date of commencement of erection of Plant & machinery	
	e) Probable date on which erection of Plant & Machinery is expected to be completed finally.	
	f) Duration of testing period included in (g) below.	<input type="text"/> months
g) Period of Insurance required including test run _____ months	From <input type="text"/> To <input type="text"/>	
12	F) 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	₹ _____
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	₹ _____
12.1	c) Cost of Foundation relating to (a) & (b) above	₹ _____
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.	₹ _____
12.1	e) On Civil Works	
	i) Permanent Civil Engineering Works	₹ _____
	ii) Temporary works	₹ _____
	Completely Erected value	₹ _____
12.2	Clearance and Removal of Debris	₹ _____
12.3	Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)	₹ _____
12.4	Insured's own Surrounding Property	₹ _____

Sr. No.	Details	Answer
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.	₹ _____
	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.	₹ _____
	c) Escalation on 12.1 (d) -	
	- On increased replacement value	₹ _____
	- On reconstruction of -	
	- Permanent Civil Works	₹ _____
	- Temporary Works	₹ _____
12.6	Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost	₹ _____
12.7	Additional Customs Duty	₹ _____
12.8	Air Freight	₹ _____
12.9	A). Third Party Liability -	
	a) For any one accident	₹ _____
	b) For all accidents during the period	₹ _____
	TOTAL SUM INSURED	₹ _____
	B). Cross Liability, if required	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.10	Any Other Add-ons (Specify with limits)	
13	Do you wish to opt for Higher amounts of deductible excess? If yes, (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	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 the name of the Insurance Co.	
15	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"/>
16	Do you require MARINE/TRANSIT Insurance cover If yes, the following questions are to be answered -	Yes <input type="checkbox"/> No <input type="checkbox"/>
	a) Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, Glass equipments, Fire Bricks, Graphite Electrode etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please give their value, description and mode of packing (whether packed in cases or loose)	
17	a) Do you want cement to be covered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, give its value and mode of packing (whether packed in gunny bags or paper bags)	
18	Please give particulars of voyage for imports.	
19	What is the limit required -	
	a) Per any one shipment? (In case of imports)	
	b) Per any one dispatch? (In case of indigenous materials)	
20	Please state (for Inland Transit) -	
	a) How the goods will be transported to site of erection?	By Rail <input type="checkbox"/> By Steamer <input type="checkbox"/> By Lorry <input type="checkbox"/> By Country Craft <input type="checkbox"/>
	b) How many Transhipments will be there?	
	c) Special hazards, if any, in transporting goods from nearest Station/Port to erection site.	
21	Do you require War & S.R.C.C. Risk to be covered during Overseas/inland transits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22	Do you wish to opt for excess under marine/transit losses	Yes <input type="checkbox"/> No <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, 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

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.

Signature of Proposer

Date: Place:

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

D	D	M	M	Y	Y	Y	Y
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 towards Erection 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.

Signature of the Receiver
and Official Seal