



MACHINERY LOSS OF PROFITS INSURANCE - PROPOSAL FORM

SECTION I

1 Name of Proposer _____
 Address of Proposer _____

 City _____ Pin Code _____
 State _____ Fax No's _____
 Tel No _____ STD Code _____ Mobile _____

2 Nature of Business _____

3 Nature of Business _____

4 Do you wish to cover the risk of Loss of Profits arising from Breakdown of Machinery in your premises. Please fill in data in annexure A Yes No

5 Do you wish to cover the risk of Loss of Profits arising from Explosion of Boiler and Pressure Plant in your premises? Please fill in data in annexure A Yes No

6 Is the plant and Machinery specified in Schedule insured against material damage risk ie breakdown and/or explosion? Yes No
 If yes, please state
 a) Name of the Insurer _____
 b) Title of the Policy _____
 c) Policy Nos. _____
 d) Period(s) of Insurance _____

7 Are the lists of the Machinery in Schedule A and B representing the whole or only a part of the Machinery in the premises? Whole Part

8 Are all your Machineries subject to periodical inspection? Yes No

8a If yes, state by whom and at what intervals inspections are carried out. Supply details of your maintenance Schedule. _____

9 In the event of stoppage of any of the machines proposed for insurance

9a Can machines, which remain in operation, carry the load originally borne by the machine, which has failed? Yes No

9b Are there any alternative means of maintaining production by
 i) the work being done at other premises Yes No
 If yes, to what extent? _____
 ii) hiring temporarily suitable replacement machine Yes No
 iii) by any other means _____

10 Are any of the machines described in the schedule de-rated? Yes No
 If yes please give details _____

11 State repair facilities available in regard to machinery specified in Schedule

11a In your own premises _____

11b Any other nearest place _____

12 Which machines proposed under this insurance are the machines for which the spare parts would need to be imported? _____

13 State the estimated period of interruption affecting resumption of normal production, on account of spoilage of materials in process following a breakdown or failure of utility supplies. _____

14 What are your normal working hours? Hrs Per Day Days A Week Days A Year

15 Can extra shifts be worked to make up production loss? Yes No

16 Have you ever suffered Loss of Profit following Machinery Breakdown and/or Boiler Explosion? Yes No

16a If so give details of the cause, duration and loss suffered in each stoppage, during the last three years. _____

17 If the business is 'Seasonal' indicate the period of high and lowout put or turnover and indicate the degree of fluctuation. State if there is a tendency of fluctuations due to demands. _____

18 Indemnity Period Chosen (max 12 months) in months _____
 Note
 1. The Indemnity period should be selected based on an estimate of the Maximum time, which would be required to resume normal production after a serious accident.
 2. Different periods can be selected for different items.

19 Time Exclusion opted 7 days 14 days 21 days 30 days 45 days 60 days

20 INSURED STANDING CHARGES - Please indicate charges to be insured - delete or supplement as appropriate

20a Interest on Debentures Motor Upkeep and Licenses _____

20b Mortgages, Loans and Lighting, Heating Power and Bank Overdrafts _____

20c Water Charges _____

20d Directors' Fees and Office Expenses _____

20e Remuneration _____

20f Rents and Rates _____

20g Salaries including State Insurance Contribution _____

20h Taxes other than those chargeable on Profits

20i Insurance Premiums

20j Contributions to Pension Fund

20k Telephone Rentals

20l Miscellaneous Charges (not traveling expenses) exceeding 5% of the total amount of the aforesaid Standing Charges.

20m Traveling Expenses

20n Advertising Cost

20o Auditors' and Legal Fees

20p Trade and Charitable Subscriptions

20q Repairs and renewals chargeable to revenue account

20r Depreciations of Buildings/ Machinery Plant and Motor Vehicles

21 Are your books regularly audited? Yes No

22 If so, give name and address of your Auditors.

23 When does your financial year end?

24 Date of commencement of Insurance?

D	D	M	M	Y	Y	Y	Y
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25 Are you insured or have you made a proposal in respect of loss of Profit following Machinery Breakdown and/or Boiler Explosion? Yes No

25a If so, give name of the Company concerned and state if renewal has been (a) declined (b) subjected to increased rates or special conditions

26 Are you insured against Loss of profit following Fire? Yes No

If so, please state

Name of the Insurer

Sum Insured

27 **State the Sum Insured on**
Gross Profit under the Loss of profits Policy (The Gross Profit for the current financial year to be computed from the last annual balance sheet being the Sum of net profit and Standing Charges with adjustment for upward or downward trend of business for the period of Insurance.)

27a Sum Insured (Gross Profit)

27b Indemnity period - Months

M	M
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28 On Wages (Alternative forms of cover available)

28a i) _____ weeks wages to the extent of _____ % of the total wage roll. OR

28b ii) Wages to the extent of _____ % of the total wages for roll. OR

28c iii) Total wages for the first _____ weeks followed by _____ % for the remainder of the Indemnity Period

29 On Auditors/Accountants Fees - (cost incurred in the preparation of claims.)

I/We hereby declare and warrant that the above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal.

I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void. I/We undertake to exercise all reasonable and ordinary precaution for the safety of the machinery and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.

I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date:

D	D	M	M	Y	Y	Y	Y
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Place _____

Signature

If the space above is insufficient for any answer please continue on separate sheet and attach hereto.

Note: Please attach the following

Give description of the manufacturing process and utility supplies such as power, steam, air, water etc. required for production.

Please attach a process flow diagram showing connected machinery and indicate bottlenecks or buffer stocks if any

Please attach separate line diagram for utility supplies such as power, steam, air and water showing interconnected machinery.

29 PREMIUM DETAILS

Amount

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 Rupees

30 SOURCES OF FUND

Salary Business Other (Please Specify) _____

31 BANK ACCOUNT DETAILS

Bank Account No.

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 Bank Name _____

Branch Name & Address _____

The Proposer understands that if a proposal has been completed for this insurance, then the statements and all particulars provided in such proposal, and any attachments thereto, are material to the insurance company's decision to provide this insurance. The applicant further understands that the insurance company will, in its sole discretion, issue this Policy in reliance upon the truth of such statements and particulars.

PROHIBITION OF REBATES

Section 41 of Insurance Act 1938

(1) 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 rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION