

**ERECTION ALL RISKS INSURANCE - PROPOSAL FORM**

(Please fill in CAPITALS only)

**CUSTOMER INFORMATION\***

Customers PAN No.

Name of the Insured (Full Registered Name)

Address of the Insured : Building Name / Block No.

Street Name  Locality

Floor No.  City  Pincode  State

Tel.   Mobile  Fax No.

STD Code

Email

Name of Contact Person

Business of Insured  Code

Paid up Capital  Up to Rs. 15 Crores  Between Rs. 15 and 25 Crores  Over Rs. 25 Crores  NA

Intermediary Details  Broker  Agent  Dealer  Direct  Banc assurance

Intermediary Code  Intermediary Name

Client Type  SME\*  Corporate\*  Government  PSU  Individual  Patnership  Others

Period of Insurance From  To

**PREMIUM DETAILS**

Amount Rs.  Rupees \_\_\_\_\_

**SOURCES OF FUND**

Salary  Business  Other  (Please Specify) \_\_\_\_\_

**BANK ACCOUNT DETAILS**

Bank Account No.  Bank Name \_\_\_\_\_

Branch Name & Address \_\_\_\_\_

**RISK INFORMATION\***

Sr. No.	Details	Answer
1	Name and Address of the principal Name and Address of the Main Contractor Name and Address of the Sub Contractor(s)	a) b) c)
2	Give brief details of contract works	
3	Is the property second hand or used one? if second hand give details of age, origin, etc. thereof	Brand New Second Hand Used One
4	Location of site where the Plant is to be erected	
5	What is the period of insurance required Duration of testing period Duration of Maintenance Period	From ..... To ..... _____ months _____ months
6	Please give the break-up of Sum Insured Imported Materials (sub divided as under) i) Invoice Cost ii) Freight, Insurance, Handling, Clearing and Transportation charges iii) Customs Duty Rs. ____ Indigenous Materials (sub divided as under) i) Invoice Cost ii) Freight, Insurance, Handling, Clearing and Transportation charges iii) Freight	Rs. .... Rs. .... Rs. .... Rs. .... Rs. ....

	Cost of Erection, Civil Works i) Permanent Civil Engineering works ii) Temporary works	Rs. ....			
	<b>Completely Erected value</b>	Rs. ....			
7	Select Add-on Covers Required Escalation Clearance and Removal of Debris Owner's Surrounding Property Expediting Expenses Additional Customs Duty Air Freight Third Party Liability - a) For any one accident b) For all accidents during the period	Rs. .... Rs. ....			
8	Do you wish to opt for Higher amounts of deductible excess? If yes, (specify)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9	Do you require <b>MARINE/TRANSIT</b> Insurance cover  If yes, additional questionnaire for marine transit cover to be filled in	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**DECLARATION BY INSURED**

I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the Insurer – M/S HDFC ERGO General Insurance Company Ltd.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Place

Date

Signature of Proposer