

Contractor's Plant & Machinery Insurance - Group Proposal Form

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

Information given herein will be treated in strict confidence.

A. Personal Details of Proposer/ Owner:

APPLICANT DETAILS

Name of Proposer:

Address:

City State Pin Code

Mobile E-mail

Industry Type: ☐ Jewellery ☐ import-export ☐ mining ☐ shipping scrap dealing
☐ real estate ☐ agriculture ☐ stock broking ☐ BFSI
☐ manufacturing ☐ others, please specify _____

Organisation Type: ☐ Government ☐ Pvt Ltd. ☐ Public Ltd. ☐ Proprietor ☐ Partnership
☐ Trust ☐ HUF ☐ Section 25 Company ☐ Others, please specify _____

Income (Annual): ☐ 0-2.5 lakh ☐ 2.5 - 5 lakh ☐ 5 - 20 lakh ☐ 20-30 lakh ☐ 30 lakh and above

Income proof: _____

Group Type: ☐ Employer- Employee ☐ Non Employer- Employee

Type of Policy: ☐ Named ☐ Unnamed **Type of Cover:** ☐ All Members ☐ Voluntary

Contact No.:

Permanent Account Number (PAN No.) (Entity):

Email ID: _____

GST No. **Existing KYC Number, if any**

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions _____

Location of Operation (site of property to be insured) _____

Nearest Railway station and Distance _____

DETAILS OF THE PROPOSED MEMBERS TO BE INSURED (Applicable for Named policy)

S. No.	Name	Age	Address	Email ID	Contact No.	Gender (M/F/TG)	Relationship with the Applicant	Nominee	GST No.
1									
2									

Please fill up the details of the Insured Members in the exact format provided above. Please attach an Annexure in this format for all members proposed to be insured under the policy.

POLICY DETAILS

Policy Period:	From: ____/____/____ (dd/mm/yyyy)	To: ____/____/____ (dd/mm/yyyy)
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Please provide the following details with respect to the proposed policy:

Total number of members to be insured

PUT A (✓) TICK MARK WHEREVER APPLICABLE AND ANSWER IN FULL, NO ABBREVIATIONS SHOULD BE USED.

1. Do the items listed represent the entire machinery used by you at the above location. ☐ Yes ☐ No
2. Are the machinery located at various locations, in that case, please indicate location-wise details in the list of machinery proposed for insurance? ☐ Yes ☐ No
3. Do you want to cover the machinery on floater basis? ☐ Yes ☐ No
4. a) Are you at present Insured? ☐ Yes ☐ No
 b) If so, with whom? ☐ Yes ☐ No
5. Has any company -
 a) Declined to insure any of the Machinery now proposed ☐ Yes ☐ No
 b) Required an increased premium or imposed special conditions ☐ Yes ☐ No
 c) Requested for repairs or made other special stipulations for risk improvement? ☐ Yes ☐ No
6. a) Are you aware of any defects/ damages existing in the machinery. ☐ Yes ☐ No
 b) If so, give details thereof ☐ Yes ☐ No
7. Do you own or use any equipment other than that described above working on the same site? ☐ Yes ☐ No
8. Is any of the equipment now proposed;
 a) Licensed for road use? If so, give details ☐ Yes ☐ No
 b) Covered by any other insurance? If so give details ☐ Yes ☐ No
9. a) Are you the owner of the proposed equipment? If yes, will you be hiring out? ☐ Yes ☐ No
 b) If the equipment is hired;
 i) Is Insurance your responsibility ☐ Yes ☐ No
 ii) Is maintenance and operation your responsibility? ☐ Yes ☐ No
10. Are the premises where the equipment operates well guarded? ☐ Yes ☐ No
11. a) What is the site condition where the equipment will be utilized? ☐ Yes ☐ No
 b) Are the equipment likely to operate on reclaimed or soft ground? ☐ Yes ☐ No
 c) Are the equipments likely to operate underground? ☐ Yes ☐ No
 d) Are ground condition such that equipment are exposed to the risk of toppling over? If so, give details? ☐ Yes ☐ No
 e) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give detail and safety precautions taken. ☐ Yes ☐ No
12. Will equipment belonging to other contractors operate on the same site? ☐ Yes ☐ No
13. Do you have trained and qualified operators? Are there any statutory rules governing the appointment? ☐ Yes ☐ No
14. Which of the equipments are required to be inspected and certified for operation by statutory rules? ☐ Yes ☐ No
15. a) Has your machinery sustained any damage from breakdown or other cause during last 3 years? ☐ Yes ☐ No
 b) If so, give details of damage/s and Repairing cost ☐ Yes ☐ No
16. a) Is regular periodical inspection of the machinery carried out? ☐ Yes ☐ No
 b) If so, by whom and at what intervals?

17. Select Sum Insured basis as required (Tick whichever is applicable):
- Reinstatement Value Basis ☐ Yes ☐ No
- First Loss Basis ☐ Yes ☐ No
18. On payment of additional premium do you wish to cover – ☐ Yes ☐ No
- If Yes, provide limits of indemnity
- a) Express Freight (excluding Airfreight), overtime and Holiday rates of wages Rs. _____ ☐ No
- b) Air Freight Rs. _____ ☐ No
- c) Owners surrounding property Rs. _____ ☐ No
- d) Cranes Rs. _____ ☐ No
- e) Additional Custom Duty Rs. _____ ☐ No
- f) Escalation Rs. _____ ☐ No
- g) Third Party Liability -
- i) For any one accident Rs. _____ ☐ No
- ii) For all accident during the period Rs. _____ ☐ No
- h) Mechanical and Electrical Breakdown Rs. _____ ☐ No
- i) Dismantling Of CPM Equipment And Shifting To A New Location Rs. _____ ☐ No
- j) Contractor's Plant & Machinery Equipment Mounted On Floating Vessel/ Craft Rs. _____ ☐ No
19. Do you wish to opt out of EQ Cover (for Zone I and Zone II)? ☐ Yes ☐ No
20. Do you wish to opt for higher deductibles? ☐ Yes ☐ No
- If yes PI specify _____

21. Period of Insurance From To

Time _____ Time _____

Date Date

22. Claims Experience details (for risks with SI more than Rs. 10 Crores) ☐ Premium ☐ Incurred Claims

23. Period of Insurance From To

SCHEDULE OF MACHINERY TO BE INSURED –

S. No.	Quantity	Description Type, Model, Capacity of Machine/ Serial No. HP/ KVA Volta, AMPS, RPM	Location of Machinery	Maker's Name and Country of Origin	Year of Make	Sum Insured
(1)	(2)	(3)	(4)	(5)	(6)	(7)

GUIDE NOTES -

- 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.
- 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.
- If any of the Machines is a 'Stand by' this fact should be mentioned.
- All Portable Machines must be so designated.
- All items in the open must be so described separately.
- Transit risks from site to site will be excluded.
- The proposals with Sum Insured more than Rs. 5 crores shall be referred for finalization of special rates, terms and conditions.

OTHER INFORMATION

FRAUD WARNING:

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

DATA PROTECTION REQUIREMENT:

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance."

ANTI- MONEY LAUNDERING:

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE:

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

NOMINATION DETAILS

Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

EXISTING/ PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Insurance policies (if any):

Policy No. / Application No.	Insurer Name	Period of Insurance		Sum Insured	Claims lodged during the preceding years
		From: <input type="text" value="DDMMYYYY"/>	To: <input type="text" value="DDMMYYYY"/>		

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount Rs. _____			
Premium Payment Options - <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Card <input type="checkbox"/> Net-banking <input type="checkbox"/> Payment Wallet			
Reference/Cheque No: _____			Date: <input type="text" value="DDMMYYYY"/>
Bank Name _____			Amount: Rs _____
Credit Card/ Debit Card No _____			Expiry Date <input type="text" value="DDMMYYYY"/>
Relationship with Applicant _____			
Source of Funds:	<input type="checkbox"/> Salary	<input type="checkbox"/> Business	<input type="checkbox"/> Others (Mention): _____

**WOULD YOU LIKE YOUR REFUND (Excess Premium/PPC Reimbursement)
BY CHEQUE# OR CREDITED DIRECTLY INTO YOUR BANK ACCOUNT?**

Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Cheque No		Name as in Bank Account	
Bank Name		Bank Account No	
Branch Name		IFSC Code	
Cheque Date		MICR Code	
Cheque Amount for ₹			

#Note: The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

Nationality:	Non – Indian If Non-Indian, please specify Country: _____
Are you a Political Exposed Person or related to Political Exposed Person: <input type="checkbox"/> Yes <input type="checkbox"/> No (appropriate tick) If Yes, give details _____	
I have eIA No:	_____
I would like to apply for eIA withKarvy / CAMS / NSDL / CDSL	

A. Premium Details

PREMIUM DETAILS

Amount (INR) _____	GST (INR)_____
Premium including tax (INR)_____	Rupees in words_____

PAYMENT DETAILS

Cheque NEFT	
Instrument No. _____	Instrument Date: _____
Bank Account No. _____	
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other. <input type="checkbox"/> If others, please specify _____	
Branch Name & Address: _____	
IFSC Code _____	MICR Code _____
Bank details for refund of premium in case of cancellation to be considered as above - <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, please provide additional bank details in below provided space:	
Bank Account No. _____	
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other. <input type="checkbox"/> If others, please specify _____	
Branch Name & Address: _____	
IFSC Code _____	MICR Code _____

Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Non – Indian
If Non-Indian, please specify Country: _____
Are you a Political Exposed Person or related to Political Exposed Person: Yes/No (appropriate tick) If Yes, give details _____
Note: Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials.
Type of Organization
<input type="checkbox"/> Corporation: <input type="checkbox"/> Governments: <input type="checkbox"/> Society: <input type="checkbox"/> Private Organizations: <input type="checkbox"/> International Organization: <input type="checkbox"/> Partnership: <input type="checkbox"/> Trust: <input type="checkbox"/> Others: _____
Sources of Fund:
<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Other _____

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account*.

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/ incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.
If you require physical copy of your policy in future, please visit “Help” section on www.hdfcergo.com or contact our customer care.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment).

Insurance is the subject matter of the solicitation

B. Declaration by Insured/ Representative (in case proposer is disabled)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- 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 as desired 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/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- I/We hereby confirm that all premiums have been/will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- that I/We will abide by the provisions of IRDAI Guidelines on Group Insurance Policies dated July 14, 2005 and subsequent amendment made to it and/ or any other regulations/ guidelines issued by the IRDAI for Group Insurance Policies.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- 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.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.

Date: _____

Place: _____

Signature of the Proposer:

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator		Signature of the Translator
Place		
Date		
Name of the Proposer		Signature of the Proposer
Place		
Date		

INTERMEDIARY DECLARATION

I, _____ (Full Name)
in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/ her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Signature of Intermediary _____

Date _____

Time _____

Place _____

INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.