

## Delay in Start Up Insurance - Linked to Marine Cargo - Proposal Form

### Insured Details

Insured Name																								
Insured Address																								
Period of cover required (marine)	D	D	M	M	Y	Y	Y	Y																
Period of indemnity(delay in start up)	D	D	M	M	Y	Y	Y	Y																

### Premium Details

Amount Rs.  Rupees

### Sources Of Fund

Salary ☐ Business ☐ Other ☐ (Please Specify)

### Bank Account Details

Bank Account No.  Bank Name

Branch Name & Address

Type of project																								
Details of equipment to be shipped																								
Basis of valuation																								
Total value of equipment to be sent																								
Maximum value any one item																								
How would a delay/disruption impact the project:																								
In the event of delay / disruption, what would be the estimated on going costs, expenses, interest payments?																								
How would these be calculated?																								
In the event loss and/or damage to the goods what would be the extra costs and expenses in obtaining alternate equipment and/or ensuring project still runs to schedule?																								
How have these been calculated?																								

☐ Do you require any cover for Liquidated Damages/Penalties in the event the project is delayed?

How would these be calculated?

What period could you sustain a delay/  
disruption before suffering a financial loss:

What contingency plans exist in the event of  
delay/disruption:

Please provide details of equipment  
redundancy:

Please describe details of "key" equipment  
and the replacement times for each:

☐ Is the equipment unique to this project:

How do you intend to transport the goods

What will be the principal voyage(s)

What is the startup date of the project

D	D	M	M	Y	Y	Y	Y
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What date is the last piece of critical  
equipment due to arrive

D	D	M	M	Y	Y	Y	Y
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☐ Is there a natural buffer period built  
into the contract to allow for delays:

Please include your critical path or milestone  
schedule (shipping schedule to be attached)

Please provide details of relevant contracts  
between yourselves and the project parties  
namely clauses for liquidated damages/  
delays etc

#### INSURED'S DECLARATION

I/we desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void.

I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing.

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

I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Proposer