HDFC ERGO General Insurance Company Limited

ERECTION ALL RISKS INSURANCE - PROPOSAL FORM



(Please fill in CAPITALS only)

	CUSTOMER INFORMA	ATION*																					
								Cu	ston	ners	PA	N N	٥.		I	\Box			\Box			\Box	
Name of	the Insured (Full Registered Name)												\Box	L	\Box	\square			\Box				
Address	of the Insured: Building Name/ Block No.													\Box	\Box								
													\Box	\Box	\Box	\Box			\Box			\Box	
Street Na	me		L	ocali	ty										\Box								
Floor No.	City Pincode			Sta	te																		
Tel.	#Mobile										-	Fax I	No.		\Box							\Box	
	STD Code								_	_	_	_	_	_	_	_	_	_	_	_		_	
Email		\perp				_	4	4	+	+	+	+	Ļ	Ļ	Ļ	Ļ	L	Ļ	Ļ	닏		4	+
	Contact Person			$\frac{\square}{\square}$		_	4	井					_	늗	Ļ	H	H	는	누	닏		\pm	\pm
Business of Insured							_					_	de	L	\perp	\perp		L	\perp	Ш			
Paid up (Over Rs. 25 Crores NA																					
Intermediary Details Broker Agent				er				_	_	_	Ļ	D)irect	.t 	_	_	_	_	Ļ	_ Ba	anc	JSSU	rance
	ary Code Intermediary Name Intermediary Name			Ш							Ļ	+	\perp	\perp	\perp	L		L	\perp	Ш			
Client Typ	pe SME* Corporate* Government PSU	Individ	dual			Pat	ner	ship				C	ther	rs									
Period of	Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y																						
*Please p	rovide correct mobile number of the proposed insured, to receive information relating to policy servicing a	nd premi	um ack	nowl	edg	eme	nt.																
	PREMIUM DETAIL	S																					
Amount Rs. Rupees																							
Amount																							
	SOURCES OF FUN	ID																					
Salary	Business Other (Please Specify)																						
	BANK ACCOUNT DET	TAILS																					
		AILO				_											_			_		_	
Name of	he Bank Account Holder							\perp				Ш	_		Ш	_		ᆛ	긕		_		믣
Bank Acc	ount No.					_							Ac	CCOL	unt:	Sav	ings	s L	ᆜ		Cu	ırren	i
Name of	Bank U C C C C C C C C C C C C C C C C C C				_		_		E	3ran	ch		Ш	Ш	Ш	\perp	\perp	\Box	Ш	\perp		\perp	
MICR Co	de (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)																						
IFSC Cod	le (11 character code appearing on your cheque leaf)																						
I wish:	Any refund due on the premium payment / any payment/claims will be directly credited to my aforesa	aid Rank	Accoun	nt *																			
i wisii.	*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.	alu Darik	Accoun																				
													_		_	_			_	_			
	RISK INFORMATIO	N*																					
Sr. No.	Details										An	swer											
1.	Name and Address of the Principal	a)																					
	Name and Address of the Main Contractor	b)																					
	Name and Address of the Sub Contractor(s)	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	Now											_				_				_	
٥.	is the property second hand or used one? It second hand give details or age, origin, etc. thereof		nd Hand	4																			
		Used																					
4.	Location of site where the Plant is to be erected	1											_	_	_	_	_	_	_	_		_	
5.		From				To							_	_	_	_	_	_	_	_		_	
5.	What is the period of insurance required	FIOIII																					
	Duration of testing period			_ mo																			
	Duration of Maintenance Period	_		_ mo	nths	<u> </u>																	
6.	Please give the break-up of Sum Insured																						
	Imported Materials (sub divided as under) i) Invoice Cost	Do.																					
	ii) Freight, Insurance, Handling, Clearing and Transportation charges																						
	iii) Customs Duty Rs																						
	Indigenous Materials (sub divided as under) i) Invoice Cost	Re																					
	ii) Freight, Insurance, Handling, Clearing and Transportation charges																						
	iii) Freight	Rs																					
				_	_	_	_	_	_		_		_	_	_	_	_	_	_	_	_		

	Cost of Erection, Civil Works	Rs
	i) Permanent Civil Engineering works	Rs
	ii) Temporary works	Rs
	Completely Erected value	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	Rs
	b) For all accidents during the period	Rs
8.	Do you wish to opt for Higher amounts of deductible excess? If yes, (specify)	Yes No
9.	Do you require MARINE/TRANSIT Insurance cover	
	If yes, additional questionnaire for marine transit cover to be filled in	Yes No

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

I/We hereby understand, declare, consent and authorize the Company to use financial information, as provided to the Company for underwriting the risk. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

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 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.

SECTION 41 PROHIBITION OF REBATES

- 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 of the commission payable or any rebate of the premium shown in 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 prospectuses or tables of the insurer.
- 2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ₹10 Lakhs.

Place	
Date	

Signature of Proposer