HDFC ERGO General Insurance Company Limited



MACHINERY LOSS OF PROFITS INSURANCE - PROPOSAL FORM

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1	Name of Proposer										Т							Т							T													
'	Address of Proposer			\vdash	-			+	+	\pm	+	\pm	+	\pm	+	\pm	+	+	+	\perp			+	+	\pm	+	\vdash	\vdash				\dashv	\dashv		_	\pm	+	
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				S	STD (Code																																
2	Nature of Business																																					
3	Nature of Business										T			T				T							T													
4	Do you wish to cover the risk of Loss of Prof	fits a	risin	ng fro	om B	reak	down	of N	/lach	inery	in y	our	prem	nises	. Ple	ease	fill in	data	a in a	anne	xure	Α	Ti-	Yes	Ť		No											
5	Do you wish to cover the risk of Loss of Prof	fits aı	risin	ig fro	om E	xplos	sion (of Bo	iler a	and F	res	sure	Plan	ıt in v	our	pren	nises	s? Pl	lease	e fill i	n dat	ta in	anne	xure i	ΑĒ	Ye	s] _N	No								
6	Is the plant and Machinery specified in Sche	dule	ins	ured	aga	inst r	natei	rial d	ama	ge ris	sk ie	brea	akdo	wn a	nd/c	or ex	plosi	on?		Yes	3		No)														
	If yes, please state																																					
	a) Name of the Insurer																																					
	b) Title of the Policy			L													L		L									L										
	c) Policy Nos.																																					
	d) Period(s) of Insurance																																					
7	Are the lists of the Machinery in Schedule A	and	B re	epres	senti	ng th	e wh	ole c	r onl	y a p	art (of the	e Ma	chin	ery i	in the	e pre	mise	es?		Wh	ole		Pai	rt													
8	Are all your Machineries subject to periodical	al insp	pec	tion?	?		Yes			No													_															
8a	If yes, state by whom and at what intervals inspections are carried out. Supply details																																					
	of your maintenance Schedule.																																					
9 9a	In the event of stoppage of any of the machi Can machines, which remain in operation, ca								tho	maak	nino	whi	oh h	oo fo	امان	, _	Ye			٦,	No																	
9a 9b	Are there any alternative means of maintain	-			_	-	DOIT	е Бу	uie	IIIaci	IIIIe,	, will	CHIL	d5 ld	illeu:	' <u></u>	16	:5] '	NO																	
	i) the work being done at other premises	_	Ye			7	lo																															
	If yes, to what extent?		16	.5	H	, ,	10							Т				Т							Т													
	ii) hiring temporarily suitable replace-		Ye		┢		lo																															
	ment machine	Н	116	:5	H] 1	10	_		_	_	_																										
	iii) by any other means								_	4																						Ш	Ш					
10	Are any of the machines described in the sc	hedu	ıle d	de-ra	ited?		Щ	Yes	Ļ	_	No	,			_		_																					
	If yes please give details																															Ш	Ш					
11	State repair facilities available in regard to machinery specified in Schedule																																					
11a	In your own premises									Т	Т	Т		T	Т		Т	Τ		П					T													
11b	Any other nearest place		T	Ť	T			T	$\overline{}$		Ť		†	Ť	Ť	Ť	T	Ť	$\overline{}$	T			寸		Ť	$\overline{}$	T	T					\Box		$\overline{}$			
12	Which machines proposed under this		T	T	\equiv		\exists	$\overline{}$	$\overline{}$		Ť		Ť	Ť	Ť	Ť	Ť	Ť		T			一	$\overline{}$	Ť		Ħ	T				一	一		$\overline{}$	$\overline{}$	$\overline{}$	
	insurance are the machines for which the spare parts would need to be imported?																																					
13	State the estimated period of interruption															_																						
10	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?		Hr	s Pe	r Da	у		Day	s A V	Veek	. [Day	sΑ\	/ear																							
15	Can extra shifts be worked to make up produ	uctio	n lo	ss?		Ye	S		N	0																												
16	Have you ever suffered Loss of Profit followi	ing M	/ach	niner	y Br	eakd	own a	and/	or Bo	iler E	Expl	osior	1?		Yes			No																				
16a	If so give details of the cause, duration			T							Т			T		T		T									Т											
	and loss suffered in each stoppage, during		Ì	Ť	T			\mp	$\overline{}$	Ť	\dagger	Ť	$\overline{}$	Ť	\dagger	Ť	\dagger	Ť	T	Ħ			\exists	\top	Ť	$\overline{}$	Ť	T					\exists			\pm		T
	the last three years.			T	Ħ			\pm	$^{+}$	Ť	\dagger	Ť	\dagger	Ť	\dagger	Ť	Ť	Ť		Ħ			\exists	\pm	Ť	$^{+}$	Ť	T					\exists		$\overline{}$	\pm	+	
7	If the business is 'Seasonal' indicate the	\vdash					_	\pm	+	\pm	+	\pm	+	\pm	+	÷	+	÷	\pm				\pm	_	\pm	\pm						\equiv	=		_	\pm	+	+
-	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.																																					
8	Indemnity Period Chosen (max 12 months) in months																																					
	Note																																					
	1. The Indemnity period should be selected				esti	mate	of th	e Ma	aximı	um ti	me,	whic	ch wo	ould	be re	equir	red to	o res	sume	norr	nal p	rodu	ction	after	a se	rious	acci	ident	t.									
0	Different periods can be selected for diffe Time Evaluation ented.	rent i	1		Г	٦,	A -1			04 '	la. ·	Г	٦,	۱- ۱	1.65		1.5	al -	Г		co ·																	
9	Time Exclusion opted		<i>1</i> C	days		1	4 da	/S		21 d	ays		3	0 da	ys		_ 45	day	s [60 d	ays																
0	INSURED STANDING CHARGES - Please indicate charges to be insured - delete or																																					
	supplement as appropriate										_		_	_	_	,	,								_													
0a	Interest on Debentures Motor Upkeep and Licenses																																					
0b	Mortgages, Loans and Lighting, Heating Power and Bank Overdrafts																																					
0c	Power and Bank Overdrafts Water Charges						T	T	T	T	T	T	T	T	T	T	T	T	T				T		T	T	Ī							Ī		T	T	
0d	Directors' Fees and Office Expenses	T		T				Ť	T	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	T	T			T	$\overline{}$	Ť	Ť	T					Ħ	Ħ		T	Ť	Ť	Ť
:0e	Remuneration	П	İ	Ť				$\overline{}$	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť					Ť	Ť	Ť	Ė	Ħ								T	Ť	İ
0f	Rents and Rates	H	T	T				\pm	+	$^{+}$	$^{+}$	$^{+}$	+	Ť	$^{+}$	Ť	\dagger	Ť	T				\pm	$\overline{}$	$^{+}$							\Box	\exists			+	+	
0g	Salaries including State Insurance	H	Ħ	T			+	\pm	+	\pm	$^{+}$	\pm	+	$^{+}$	÷	÷	÷	T	T	H			+	+	$^{+}$	÷	H					\exists	\exists		_	\pm	\pm	
-	Contribution																																					

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20h	Taxes other than those chargeable on Profits	_	+	+		_	+	+	+	+	+										_	+	\perp	+	+	+	+	+	+	L				_	+	+	\perp
20i	Insurance Premiums		_	-			_	+	+	-	-										_	_	+	+	+	+	+	+	-	L	<u> </u>			_	+	+	Щ
20j	Contributions to Pension Fund		_	<u> </u>			4	_	+	_	<u> </u>										_	_	_	4	_	Ļ		Ļ	L					_	4	+	Щ
20k	Telephone Rentals																																				
201	Miscellaneous Charges (not traveling expenses) exceeding 5% of the total amount of the aforesaid Standing Charges.								Ļ																												
20m	Traveling Expenses	Щ	_	1	Ш		_	_	_	Ļ												_	_	_		_	_	Ļ							4	Ļ	Ш
20n	Advertising Cost			1	Щ		_	_	_	Ļ	<u> </u>										_	4	_	_	Ļ	<u> </u>	Ļ	<u> </u>	L	Ļ				_	4		
20o	Auditors' and Legal Fees			-	Ш		_	_		Ļ	<u> </u>										_	_	4	_	+	+	+	_	Ļ	L	L			_	_	+	
20p	Trade and Charitable Subscriptions		_	-	Ш		_	_	_	<u> </u>	<u> </u>										_	_	_	_	_	+	+	_	_	<u></u>				_	_	-	
20q 20r	Repairs and renewals chargeable to revenue account Depreciations of Buildings/ Machinery Plant																																				
04	and Motor Vehicles Are your books regularly audited?		Yes		٦,	lo																															
21 22	If so, give name and address of your Auditors.		169	H		10																															
23	When does your financial year end?		+	+			$^{+}$	1	$^{+}$		+											1		+	+	+	t	t							$^{+}$	$^{+}$	\forall
24	Date of commencement of Insurance?	D	D	М	M		/	Y	Υ	Υ																											
25	Are you insured or have you made a proposal in respect of loss of Profit following Machinery Breakdown and/or Boiler Explosion?		Yes		N	lo																															
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 Fi	re?	Y	es		N	0																														
	If so, please state																																				
	Name of the Insurer										Ļ											_				Ļ		L	L					_	_		Щ
27	Sum Insured 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																																		
28 28a 28b 28c 29	On Wages (Alternative forms of cover availating weeks wages to the extent of % of the total iii) Total wages for the first weeks follow On Auditors/Accountants Fees - (cost incurred in the preparation of claims.)	_ % c ∣wag	es for	roll. (OR			der d	of the	Inde	mnit	/ Per	riod																								
	I/We hereby declare and warrant that the about I/We agree that this declaration and the answer statement be contained therein the said controllicy in the form issued by the Company sul I hereby grant consent to Agent/Broker/Corpor Company Limited for the purpose of my insurance.	vers ract s bject orate	given shall b to the Agen	above e abs term	e sha solute is exc	ll be ely nu ception	the b ill and ons a	asis d voi nd c	of the d. I/W onditi	e cor le ur ons p	ntract nderta presc	betvake t	ween o exe d the	n me ercis rein	e/us a se all or e	and f rea ndo	the C sona rsed	Com able on t	pany and the p	and ordinology	l sha nary '.	ll be prec	deer autio	ned t	the	inco	orpor ty of	ated the r	in sı nach	uch o	contr y and	act. A	And e ag	ree to	acc	ept th	ne
	Date: D D M M Y Y Y	Υ	,																																		
	Place																											Sign	atur	e							
	If the space above is insufficient for any answer Note: Please attach the following Give description of the manufacturing process at Please attach a process flow diagram showing Please attach separate line diagram for utility st	and u	itility si iected	ıpplie mach	s suc	h as and	powe	r, ste	eam, a	air ,w ecks	ater or bu	etc. re	stocks	s if a	any																						
29												PRE	EMI	UM	DE	TAI	LS																				
	Amount				Rup	ees_																															
30											5	OU	RC	ES	OF	FU	ND																				
31	Salary Business Other ((Plea	se Sp	ecify)							D.A.A	114-	\Ce	.01	INE	DE	.T.A.	11.0																			
J1											BAN	IK A	4CC	υu	IMC	DE	:TAI	ILS																			
	Bank Account No. Branch Name & Address										Bai	nk N	ame																								
	The Proposer understands that if a proposal had decision to provide this insurance. The applicant																		is Po															uranc	e con	npany	r's
											PRO	шв	177.6	NL.	OF.	DE	D.A.	TEG	•																		

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