HDFC ERGO General Insurance Company Limited





Please ensure that all columns are completed. You may attach separate sheets in case the space is inadequate to furnish all the relevant information.																
1	Name of the Proposer															
2	Address of the Proposer															
		Pin Code:														
3	Details of Goods produced / traded / activities conducted															
4	Annual Turnover of Business															
5	Details of goods proposed for	or insurance														
	a. Whether hazardous / explosive															
	b. Refrigerated or alike															
	c. Whether Project Cargo															
	d. Others															
6	Whether New or Old or Both															
7	Details of packing (Primary & Secondary wherever applicable)															
8	Whether Containerized (If yes FCL/LCL)															
	a. In case of FCL place / stu	ffed by whom														
9	Mode of transit	By Road By Rail														
		By Sea By Air														
10	Nature of Voyage (Export / In	nport / Inland)														
11	Details of Voyage	From To To														
12	Vessel Details															
	a. Name															
	b. IMO No.															
	c. Age															
	d. Class															
	e. Flag															
	f. GRT															
13	Sum Insured (INR / Foreign C	Currency wherever Applicable)														
14	Limit per bottom	By Road By Rail														
		By Sea By Air														
		Others (Specify)														
15	Limit per location															
16	Period of Insurance															
17	Expected date of transit (In case of specific voyages)															
18	Total estimated transits in a Y (In case of Open policy)	fear														
19	Basis of valuation	Ex-works CIF														
		C&F FOB														
		Others (Specify)														

20	Insurance cove	erage required		Т	Т	Τ			Т	Т	Т	Т	Т	Т	Т	T	Т	Т	Τ	Т	Τ	Т	Т		Τ	Т	Т		Τ	Τ	Т	Т	Т	Т	Т			
	In case of Impo			Ī	Ì	Ī			Ī			Ť	Ť	Ť			T	Ī		Ī	Ť				Ī				Ī		Ī							$\overline{}$
	Whether you s or old ICC clau																																					
	Whether cover Customs duty (If yes, Sum Ins	Contingent D	uty																																			
22	Add on covers	required																																				
	1. Additional	·																																				
	during trar	sit.			_	_				_	_	_	_	_	_	_	_	_		_	_				_				_	_		_						
	2. FOB exten Shut out C																							_														
	3. Sellers Co	ntingency.																																				
	Any other add	on cover (PI sp	oeci	fy) _																																		
23	In case of co-ir	surance, plea	se f	urn	ish	follo	owin	ıg d	etai	ls.																												
											s	СН	EDI	JLE	OF	IN	SU	REF	RS																			
SI.	No				-	Nan	1e o	f co	-ins	ure	rs											Total Sum Insured									% Share							
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2																																						
24	Past Premium	and Claims sta	tict	ics 1	for t	the	last	five	VAS	ırs i	n th	e fo	allov	wing	n fo	rma	at																					
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	Year	Sum	Insu	ırec	d		-	Premium						+	Nature of Claims							Claims Paid								Claims outstanding								
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the I, he dilig	the undersign answers given reby grant cor ence informati	above shall be nsent to Agent	e he t/Br	eld t oke	to b er/C	e pr	romi orat	isso e A	ry a gen	nd :	sha an	l be	the her	e ba	asis ense	of t	the inte	cor rme	ntra edia	ct b iry	etw to s	ree har	n m e m	e/u ıy k	is a (YC	nd ·	the nov	coi	mpa	any								
Date	ed: DDM	1 Y Y Y Y																				Proposer's Signature																
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1.	No person sha	l allow or offer	to a	ارماله																							nev	N O	ır cc	nti	nue	an	ins	ıraı	nce	in r	esne	ect
	of any kind of		live	es o	r pr	ope	erty	in Ir	dia	an	y re	bat	e of	the	e wł	nole	e or	ра	rt o	f th	e co	omr	niss	ior	пра	yal	ole (or a	any	ret	oate	of	the	pre	emi	um	sho	wn

- with the published prospectus 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 five hundred rupees.