HDFC ERGO General Insurance Company Limited





GUIDELINES TO FILL THE FORM:

- 1. Please fill the form in BLOCK LETTERS and leave one box blank between two words.
- 2. Please answer the questions fully and correctly. All details with * are mandatory.
- 3. If a particular question is not applicable to you and/or your business, please mark that question as not applicable "N/A". For question with multiple choice answers, please tick the box in front of the correct answer. If there is insufficient space please provides further details on additional sheets.
- 4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance
- 5. Please provide a copy of any brochures, handouts any other technical or marketing material in which you describe your professional services.
- 6. Please provide all monetary amounts in Indian Rupees when completing the Proposal below:
- 7. This Proposal must be completed, dated and signed by an authorized officer of the entity requesting insurance.

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

Please note: The term "Proposer" as used in this Proposal refers to the organization and the subsidiary companies for which coverage is required.

	I DETAILS OF THE PROPOSER														
1.	Name of Proposer:														
2.	Address of Proposer's principal or registered office (including website):														
	Address of Frogoster's principal of registered since (including website).														
3.	Is the Proposer a:														
٥.	Sole Proprietor Partnership Private Company Publicly traded Corporation														
	Other (Explain):														
4.	Date of establishment: DDDMMMYYYY														
5.	Please give a general description of the nature of work undertaken by the Proposer (which is required to be covered):														
6.	Please give details of Partners, Principals, Officers, Directors and/or key personnel:														
	Name Age Relevant Qualifications Number of years in this capacity with the Propose														
	capacity with the Frepose														
7.	Please give details of number of permanent staff :														
	Full Time Part Time														
	Principals/Partners/Directors														
	Professionally qualified														
	Others														
8.	During the past years, has there been any change to the name of the Proposer or has any amalgamation, acquisition or take-over taken place?														
9.	Is the Proposer represented in any way in the USA or its territories and possessions or in Canada?														
	If Yes please provide details:														

		Ш	DETAILS	OF THE INSU	JRANCE I	REQUIRED										
1.	Limit of Indemnity required:															
				Any One	Acciden	t										
				In the Ag	ggregate											
2.	Period of Insurance required:															
	From $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	D D M M	YYY	Y both days	s inclusive	e										
3.	Geographical Territory :															
			III DET	AILS REGARDI	NG FINA	NCIALS										
1.	Please state the Annual Gross Fees (including those	paid to	sub-contractor	rs) in the t	able below:										
			P	ast Financial Y	Estir	Estimated for next year										
				(Rs)		(Rs)			(Rs)							
	i. Total Fee Income															
	ii. Overseas Fee Income (Excluding	USA/Canada)														
	iii. USA/Canada –Fee Income															
2.	Where fees are shown under (ii) or (ii	i) above, please	e state co	ountries involv	ed and th	e fees received from	each cou	ntry?								
	Country			tracts and		r Annual Income / Fo		Value of the largest contract								
				the Proposer				commen	nced during the last							
									12 months							
3.	Please give details of the five largest	Contracts com	menced	during the las	t five year	rs where Design and	Consultin	g activities	have been involved:							
	Client	Location		Tenure of I		Total Contract	Your Fe	e Income	Description of your							
				(Start Date a		Value			activities							
4.	Please give details of any major new	operations bei	ng unde	rtaken during t	he next 12	2 months:										
	Client	Location		Tenure of I	Project	Total Contract	Your Fe	e Income	Description of your							
	Silent	200411011		(Start Date a	and End	Value	100110		activities							
				Date)											
				IV SUB CONT	RACTORS	5										
1.	What percentage of gross fees is pai	d to sub-contra														
ı. 2.	Give details of work carried out by su			ipioyed directi	y by the r	Toposer :										
3.	Do the terms of contract under which Professional indemnity Insurance?	n the Proposer	appoints	sub-contracto	rs, require	e them to carry their	own		Yes No							
	If 'Yes' please provide details:															

V AREAS OF PRACTICE

I. Please indicate which of the following services are performed by the Proposer by showing the approximate gross fees received during the past year

Services Performed	Approximate gross fees received during the past year (%)
Acoustic Engineering	
Architecture: New build %	
Architecture: Refurbishment	
Asbestos Inspections	
Building Surveying %	
Chemical Engineering %	
Civil Engineering %	
Cladding & Curtain Walling %	
Drafting/CAD %	
Electrical Engineering %	
Electronic Engineering %	
Environmental Consultancy/	
Contaminated Land Work %	
Expert Witness %	
Feasibility Studies %	
Foundations/Underpinning	
Heating/Ventilation %	
Highways Engineering %	
Interior Design (non-structural)/	
Space Planning	
Landscape Architecture	
Lift Engineering %	
Marine Engineering %	
Mechanical Engineering %	
Mining Engineering %	
Nuclear Engineering %	
Piling %	
Planning Supervisor %	
Project Coordination %	
Project Management %	
Quantity Surveying %	
Setting Out %	
Soil Engineering %	
Structural Engineering %	
Town Planning %	
All other (give details) %	

Services Performed		ross fees received past year (%)
Individual Dwellings		
Low Rise Multiple Dwellings		
High Rise Multiple Dwellings		
Modular Dwellings		
Office/Retail/mixed use		
Highways		
Bridges Tunnels & Dams		
Railways, Airports – Non safety/Airside/Trackside related		
Harbours and Jetties – Non structural		
Sewage/Water Schemes		
Power Plants		
Refineries and Petro Chemical – non safety		
Mechanical Plant, Bulk Handling Equipment		
Industrial System Build		
Healthcare		
Education		
Hotels & Recreation		
Leisure excluding Swimming Pools		
Landscape excluding Sports/Golf Course design		
Ecclesiastical/Theatres		
Other		
Has the Proposer ever provided services in connection with the identification, evaluation, treatment or remove chemicals or other hazardous materials?	al of asbestos,	Yes No
If 'Yes' please provide details:		
Do you envisage any material changes in your activities in the forthcoming 12 months? If "Yes" please provide details:		Yes No
VI QUALITY CONTROL AND INTERNAL PRACTICES		
Is the Proposer currently accredited to any Quality standards/Certifications or subject to any other form of exassessment/quality assurance system?	ternal	Yes No
If 'Yes', please provide details of quality assurance system or external assessment in place		
Does the Proposer use written agreements on every project?		Yes No
Does the Proposer have a written in-house quality procedure?		Yes No
If 'Yes', please provide details:		
Does the Preness have an in house pregram for continuing education for employees?		
Does the Proposer have an in-house program for continuing education for employees?		

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VII CLAIMS DETAILS

	Date of Occurrence										Details of Incidents (whether a claim was made or not)											Claims (Paid or Outstanding)														
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	what action	What action has been taken to prevent a recurrence of any previous claim or loss?																	_	_	_		_													
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	If 'Yes', pleas		-		-																														ı	_
Limit of Liability Expiring Date of							of (Cov	/er	Т	Premium Paid Deductible										Claims reported/															
	(Rs.)								\perp									Deductible							_	Made if any										
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	i) decline	d your	prop	osal	, ref	use	d re	new	/al o	r ca	nce	elled	l ar	ins	uraı	nce																Ye	es		No	
	ii) require	d an in	creas	sed [pren	nium	ı or	can	celle	ed a	ın ir	nsur	and	e																		Ye	es		No	
	If 'Yes', pl	ease p	rovic	le th	e re	leva	nt d	etai	ils:																											
			Ш	\perp	\perp		Ш	\perp	\perp		\perp																									\perp
	Are you curr	ently c	over	ed u	nde	r an	y of	the	exis	stin	g po	olici	es f	rom	L&	T Ge	ner	al Ir	sura	nce	Со	Ltd	? If	so,	ple	ase	pro	vide	e de	etails	s:					
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Position in the Company:

Signature of Proposer (Authorised Signature of Principal, Partner or Director)

PROHIBITION OF REBATES (SECTION 41 OF THE INSURANCE ACT, 1938)

- 1. No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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 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 provision of this section shall be punishable with fine which may extend to Rs. 500/-