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 :												
	Name of Proposer.												
2.	Address of Proposer's principal or registered office (including website):												
3.	Is the Proposer a:												
	Sole Proprietor Partnership Private Company Publicly traded Corporation												
	Other (Explain):												
4.	Date of establishment: DDMMMYYYYY												
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 Polovant Qualifications Number of years in this												
	Name Age Relevant Qualifications Number of years in this capacity with the Proposed												
7	capacity with the Proposer												
7.													
7 .	capacity with the Proposer												
7 .	Capacity with the Proposed Capacity with the Pro												
7.	Please give details of number of permanent staff : Full Time Part Time												
7.	Please give details of number of permanent staff : Full Time Part Time												
7.	Please give details of number of permanent staff : Full Time Part Time Principals/Partners/Directors Professionally qualified												
	Please give details of number of permanent staff: Full Time Part Time												
8.	Please give details of number of permanent staff: Full Time Part Time												
	Please give details of number of permanent staff: Full Time Part Time												

	II DETAILS OF THE INSURANCE REQUIRED												
1.	Limit of Indemnity required:												
				Any One	Accident	t							
			In the Aggregate										
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 day	s inclusive	9							
3.	Geographical Territory :												
			III DET	AILS REGARDI	NG FINA	NCIALS							
1.	Please state the Annual Gross Fees (including those	paid to	sub-contractor	s) in the t	able below:							
			P	ast Financial Y	ear ear	Current Ye	ear	Estir	mated 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	state c	ountries involv	ed and the	e fees received from	each cou	ntry?					
	Country	Details of	the Con	tracts and	You	r Annual Income / Fo	ee	Value of	the largest contract				
		services prov	ided by	the Proposer				commen	iced during the last 12 months				
3.	Please give details of the five largest	Contracts com	menced	during the last	t five year	s where Design and	Consultin	g activities	have been involved:				
	Client	Location		Tenure of I		Total Contract	Your Fe	e Income	Description of your activities				
				(Start Date a Date		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				
				(Start Date a	and End	Value			activities				
					<u>, </u>								
				l.		1	1						
				IV SUB CONT	RACTORS	5							
1.	What percentage of gross fees is pai	d to sub-contra	ctors en	ployed directly	y by the P	roposer?							
2.	Give details of work carried out by su	ıch sub-contrac	tors:										
3.	Do the terms of contract under which Professional indemnity Insurance?	the Proposer	appoints	sub-contracto	rs, require	e them to carry their	own		Yes No				
	If 'Yes' please provide details:								.55				

V AREAS OF PRACTICE

1. 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) %	

Please advise the percentage split of the firm's work carried out during the last financial year, applicable to the	
Services Performed	Approximate gross fees received during the 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 remov chemicals or other hazardous materials?	val of asbestos, Yes No No
If 'Yes' please provide details:	
Do you envisage any material changes in your activities in the forthcoming 12 months?	Yes No No
If "Yes" please provide details:	
VI QUALITY CONTROL AND INTERNAL PRACTICES	tornal
Is the Proposer currently accredited to any Quality standards/Certifications or subject to any other form of ex assessment/quality assurance system?	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? Does the Proposer have a written in-house quality procedure?	Yes No Yes No
If 'Yes', please provide details:	163 110
Does the Proposer have an in-house program for continuing education for employees?	

3.

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VII CLAIMS DETAILS

Date of Occurrence				Details of Incidents (whether a claim was made or not)									Claims d or Outstanding)								
W	Vhat action has been taken to	o prevent a recurren	ce of any	previous	s claim	or lo	ss?														
													Ш				Ш				
			VIII PI	REVIOUS	S INSU	JRAN	CE DE	TAIL:	s												
Н	las the Proposer any existing	g Professional indem	nity Insur	ance in f	orce?												Υ	'es		No	, _
lf	'Yes', please provide the foll	owing details:																			
	Limit of Liability (Rs.)	Expiring Date of	Cover	Premium Paid					Deductible						Claims reported/ Made if any						
Н	las any Insurer in respect of t	the risks to which thi	s proposa	ıl relates	:																
i)	declined your proposal, r	refused renewal or c	ancelled	an insura	ance												Υ	'es		No	
ii)) required an increased pr	an insura	urance											Yes No							
lf	'Yes', please provide the	relevant details:						_										_	_		
													Ш				Ш				Ш
A	are you currently covered und	der any of the existir	ng policies	from L8	T Gen	eral I	nsuran	ce C	o Ltd?	o If so	, ple	ease I	orov	ide	detai	ls:			_		
																	Ш				Ш
				DE	CLARA	ATIO	N														
e h	ereby declare that the stater	ments made by me/ι	us in this l	Proposal	Form	are ti	ue to tl	he b	est of	my/c	our k	nowl	edg	e ar	nd be	lief	and	I/W	e he	reby	agr
	is declaration shall form the l rried out in the risk proposed																			alte	ratio
	eby grant consent to Agent/E																			tom	er d
ger	nce information with HDFC E	RGO General Insura	nce Comp	any Lim	ited fo	r the	purpos	e of	my in	surar	ice	propo	sal.				·				
te:	DDMMYYYY																				
ce:										1											

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/-

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

Position in the Company: