HDFC ERGO General Insurance Company Limited



CONSEQUENTIAL LOSS FOLLOWING FIRE AND ALLIED PERILS - PROPOSAL FORM

(Please fill in CAPITALS only)

Application No:______

1.	Name of the Proposer (in full)				
2.	Postal Address				
3.	Nature or business				
4.	Names & Addresses of all Premises from where you transact Business				
	Trained at real cools of all 1 formace from Whole year factorized Bachines				
	Name of Address of all Descriptors to be insured				
5.	Names & Addresses of all Premises to be insured				
6.	Do you have any other Business interruption/Loss of Profit Insurance in force?				
7.	Which Insurer(s) currently cover these risks?				
	Fire: Fire Loss of Profits:				
8.	Has any insurer refused to insure your property or imposed additional terms for any peril?				
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9.	If your answers to questions 6 & 8 are YES please give details				
10.	Details of Previous Interruption				
	Period of Interruption Nature of interruption with causes				
	Loss in Gross Profit /Turnover during the Interruption				
11.	Previous Years Premium and Claims Paid	Premium	Claim Paid	Claim Outstanding	Total
	Current Year			·	
	Previous Year				
40	2 years before				
12.	Which Chartered Accountant (Name and Address) audits your accounts and at what interval?				
13.	When was your firm established?				
14.	Since when has the works to be insured came into existence?				
15.	Since when has the present production method used in the works to be insured				
16.	Please give a brief description of the production process and attach a Process flow diagram				
17.	What type of repair work can be carried out without external help?				
18.	Please indicate external repair/ procurement facilities available in India				
19.	Normal working hours of the works to be insured Per day hours in shifts				
	Per week hours in shifts				
	Per year days in shifts				
00					
20.	Number of employees in the works to be insured? Total number				
	Number employed for maintenance purposes				
	Fluctuation (in %)				
21.	Are there any seasonal production or sales fluctuations more than 20%, in the works to be insured?				
22.					
	If YES, please indicate monthly figures of Turnover.				
	Is there a stock of semi finished or finished products?				

	Indemnity Period desired	
	On Gross Profit First	
	1) On Wages, Months/ Weeks, 100 % wages & % for the remaining indemnity period	
	2) On Wages, Weeks to the extent of % of the Total Wages	
25.	Choose the Time Excess (Minimum 7days for Petro Chemical Risks)	
26.	Sum Insured (Rs.)	
	1) Net Profit 2) Annual Specified Standing Charges	
	3) Lay off and retrenchment Compensation payable under I.D Act 1947 as amended	
	4) On Auditors/Accounts Fees (cost incurred in preparation of the B.I. claims)	
27.	Claim settlement Basis (Choose any one).	
	If on "OUTPUT Basis" answer a & b	
	a) The Nature of the OUT PUT b) The Unit of Production	
28.	Additional Covers Required	
28.1	Supplier's Extension	
	Number of suppliers to be covered	
	Name of the Supplier Situation of Premises	
	Selected %age Limit of Sum Insured	
28.2	Customer's Extension	
	Number of Customers to be Covered	
	Name of the CustomersSituation of Premises	
00.0	Selected %age Limit of Sum Insured	
28.3	Failure of Public Electricity/ Gas/ Water Supply	
	PREMIUM DETAILS	
Amount	Rs. Rupees	
	SOURCES OF FUND	
Salary	Business Other (Please Specify)	
	BANK ACCOUNT DETAILS	
Namo of		
	the Bank Account Holder	Account: Savings Current
	the Bank Account Holder count No.	Account: Savings Current Branch
Bank Aco	the Bank Account Holder count No.	Account: Savings Current Branch
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Signature of Proposer