# HDFC ERGO General Insurance Company Limited



## **CONTRACTOR'S PLANT & MACHINERY INSURANCE – PROPOSAL FORM**

(All fields are mandatory and fill in CAPITALS only)

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

Information given herein will be treated in strict confidence.

PUT A (✓) TICK MARK WHEREVER APPLICABLE AND ANSWER IN FULL, NO ABBREVIATIONS SHOULD BE USED.

| INSURED DETAILS  |              |  |      |          |  |        |          |     |           |   |  |  |   |        |       |         |   |  |   |
|--|--------------|--|------|----------|--|--------|----------|-----|-----------|---|--|--|---|--------|-------|---------|---|--|---|
| Name of the Proposer's                                       | Mr./Ms./Mrs. |  | (Fir | st Name) |  |        |          | (Mi | ddle Name | ) |  |  |   |        | (La   | st Name | ) |  | - |
| Proposer's Trade or Bu                                       | usiness      |  |      |          |  |        |          |     |           |   |  |  |   |        |       |         |   |  |   |
| Proposer's Postal<br>Address                                 |              |  |      |          |  |        |          |     |           |   |  |  |   |        |       |         |   |  | ] |
| City<br>State  |              |  |      |          |  |        |          |     |           |   |  |  |   |        | Pinco | de      |   |  | ] |
| Tel.(Res.)   | STD Code     |  |      |          |  | (Off.) | STD Code |     |           |   |  |  | N | lobile |       |         |   |  |   |
| E-mail   |              |  |      |          |  |        |          |     |           |   |  |  |   |        |       |         |   |  | _ |
| Location of Operation<br>(site of property<br>to be insured) |              |  |      |          |  |        |          |     |           |   |  |  |   |        |       |         |   |  | ] |

Nearest Railway station and distance \_

| 1.  | Do the items listed represent the entire machinery used by you at the above location.  | □Yes | □No |
|-----|--|------|-----|
| 2   | Are the machinery located at various locations, in that case, please<br>indicate location-wise details in the list of machinery proposed for insurance | □Yes | □No |
| 3   | In Do you want to cover the machinery on floater basis?  | □Yes | □No |
| 4.  | a) Are you at present Insured?   | □Yes | □No |
|     | b) If so, with whom?   |      |     |
| 5.  | Has any company -  |      |     |
|     | a) Declined to insure any of the Machinery now proposed  | □Yes | □No |
|     | b) Required an increased premium or imposed special conditions   | □Yes | □No |
|     | c) Requested for repairs or made other special stipulations for risk<br>improvement?   | □Yes | □No |
| 6.  | a) Are you aware of any defects/ damages existing in the machinery.  | □Yes | □No |
| 7.  | <ul> <li>b) If so, give details thereof</li> <li>Do you own or use any equipment other than that described above working on the same site?</li> </ul>  |      |     |
| 8.  | Is any of the equipment now proposed ;   |      |     |
|     | a) Licensed for road use? If so, give details  |      |     |
|     | b) Covered by any other insurance? If so give details  |      |     |
| 9.  | a) Are you the owner of the proposed equipment?  | □Yes | □No |
|     | b) If yes, will you be hiring out?   | □Yes | □No |
|     | c) If the equipment is hired;  |      |     |
|     | I) Is Insurance your responsibility  | □Yes | □No |
|     | ii) Is maintenance and operation your responsibility?  | □Yes | □No |
| 10. | Are the premises where the equipment operates well guarded?  | □Yes | □No |

HDFC ERGO General Insurance Company Limited. (Formerly HDFC General Insurance Limited from Sept, 14, 2016 and L&T General Insurance Company Limited upto Sept, 13, 2016). CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020. Customer Service Address:D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078. Toll-free: 1800 2 700 700 (Accessible from India only) | Fax: 91 22 66383699 | care@hdfcergo.com | www.hdfcergo.com | WWW.hdfce

| 11. | a) What is the site condition where the equipment will be utilized?                                   |      |     |
|-----|---|------|-----|
|     | b) Are the equipment likely to operate on reclaimed or soft ground?                                   | □Yes | □No |
|     | c) Do you wish to cover equipments that are likely to operate underground?                            | □Yes | □No |
|     | d) Are ground condition such that equipment are exposed to the risk of toppling over?                 |      |     |
|     | If so, give details?  |      |     |
|     |   |      |     |
|     | e) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities?          | ?    |     |
|     | If so, give detail and safety precautions taken.  |      |     |
|     |   |      | 1   |
| 12. | Will equipment belonging to other contractors operate on the same site?                               | □Yes | □No |
| 13. | Do you have trained and qualified operators? Are there any statutory rules governing the appointment? | □Yes | □No |
| 14. | Which of the equipments are required to be inspected and certified for operation by statutory rules?  |      |     |
| 15. | a) Has your machinery sustained any damage from breakdown or other cause during<br>last 3 years?      | □Yes | □No |
|     | b) If so, give details of damage/s and Repairing cost   |      |     |
|     |   |      |     |
| 16. | a) Is regular periodical inspection of the machinery carried out?                                     | □Yes | □No |
|     | b) If so, by whom and at what intervals?  |      |     |
|     |   |      |     |
| 17. | Is any plant and machinery proposed for insurance located on barges?                                  | □Yes | □No |
|     | If yes, give details  |      |     |
| 18. | On payment of additional premium do you wish to cover -   |      |     |
|     | If Yes, provide limits of indemnity -   |      |     |
|     |   |      | -1  |
|     | a) Express Freight (excluding Airfreight), overtime and Holiday rates of wages                        | Rs   | □No |
|     | b) Air Freight  | Rs   | □No |
|     | c) Owners surrounding property  | Rs   | □No |
|     | d) Clearance & Removal of Debris  | Rs   | □No |
|     | e) Additional Custom Duty   | Rs   | □No |
|     | f) Escalation   | Rs   | □No |
|     | g) Third Party Liability -  |      |     |
|     | I) For any one accident   | Rs   |     |
|     | ii) For all accident during the period  | Rs   |     |
| 19. | Do you wish to opt out of EQ Cover (for Zone I and Zone II)   | □Yes | □No |
| 20. | Do you wish to opt for higher deductibles   | □Yes | □No |
|     | If yes PI specify   |      |     |
| 1   |   |      |     |

| 21. Period of Insurance  | From DDMMYYYY                 |                          |
|--|-------------------------------|--------------------------|
|  | Time<br>Date                  | Time<br>Date             |
| 22. Claims Experience details<br>(for risks with SI more than Rs. 10 Crores) | Premium                       | Incurred<br>Claims       |
|  |                               |                          |
| 23. Period of Insurance  | From DDMMYYYY                 |                          |
|  | PREMIUM DETAILS               |                          |
| Amount Rs. Rupees  |                               |                          |
|  | SOURCES OF FUND               |                          |
| Salary Business Other (Please Specify)                                       |                               |                          |
|  | BANK ACCOUNT DETAILS          |                          |
| Name of the Bank Account Holder  |                               |                          |
| Bank Account No.   | ]                             | Account: Savings Current |
| Name of Bank   |                               | Branch                   |
| MICR Code (9 digit MICR code number of the bank and branch appearing on t    | he cheque issued by the bank) |                          |
| IFSC Code (11 character code appearing on your cheque leaf)                  |                               |                          |

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.\*
\*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

### SCHEDULE OF MACHINERY TO BE INSURED -

| Sr. No. | Quantity | Description Type, Model,<br>Capacity of Machine/<br>Serial No. HP/ KVA Volts,<br>AMPS, RPM | Location of<br>Machinery | Maker's Name<br>and Country of<br>Origin | Year of<br>Make | Sum<br>Insured |
|---------|----------|--|--------------------------|--|-----------------|----------------|
| (1)     | (2)      | (3)  | (4)                      | (5)                                      | (6)             | (7)            |
|         |          |  |                          |  |                 |                |
|         |          |  |                          |  |                 |                |
|         |          |  |                          |  |                 |                |
|         |          |  |                          |  |                 |                |
|         |          |  |                          |  |                 |                |

### **GUIDE NOTES**

I. Each machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3. Full description with identification no. Etc. of each and every equipment with valuation should be declared.

- II. The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection costs, customs duty, etc., to afford full protection under the Policy.
- III. If any of the Machines is a `Stand by' this fact should be mentioned.

- IV. All Portable Machines must be so designated.
- V. All items in the open must be so described separately.
- VI. Transit risks from site to site will be excluded.

#### **DECLARATION BY INSURED**

I/We, the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

I/We hereby understand, declare, consent and authorize the Company to use financial information, as provided to the Company for underwriting the risk.

| Place |   |   |   |   |   |   |   |   |  |  |  |  |
|-------|---|---|---|---|---|---|---|---|--|--|--|--|
| Date  | D | D | M | M | Y | Y | Y | Y |  |  |  |  |

| Oliverations of December 2 | - |
|----------------------------|---|
| Signature of Proposer      |   |

# Section 41 of Insurance Act 1938

#### PROHIBITION OF REBATES -

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 any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to ₹ 10 Lakhs.