

ERECTION ALL RISKS INSURANCE - PROPOSAL FORM

(Please fill in CAPITALS only)

CUSTOMER INFORMATION*

Customers PAN No.

Name of the Insured (Full Registered Name)

Address of the Insured: Building Name/ Block No.

Street Name Locality

Floor No. City Pincode State

Tel. Mobile Fax No.

STD Code

Email

Name of Contact Person

Business of Insured Code

Paid up Capital ☐ Up to Rs. 15 Crores ☐ Between Rs. 15 and 25 Crores ☐ Over Rs. 25 Crores ☐ NA

Intermediary Details ☐ Broker ☐ Agent ☐ Dealer ☐ Direct ☐ Banc assurance

Intermediary Code Intermediary Name

Client Type ☐ SME* ☐ Corporate* ☐ Government ☐ PSU ☐ Individual ☐ Partnership ☐ Others

Period of Insurance From To

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 Ø digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (1 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 IRDA, its mandatory that all payments made to the insured only through electronic mode.

RISK INFORMATION*

Sr. No.	Details	Answer
1.	Name and Address of the Principal Name and Address of the Main Contractor Name and Address of the Sub Contractor(s)	a) b) c)
2.	Give brief details of contract works	
3.	Is the property second hand or used one? if second hand give details of age, origin, etc. thereof	Brand New Second Hand Used One
4.	Location of site where the Plant is to be erected	
5.	What is the period of insurance required Duration of testing period Duration of Maintenance Period	From To months months
6.	Please give the break-up of Sum Insured Imported Materials (sub divided as under) i) Invoice Cost ii) Freight, Insurance, Handling, Clearing and Transportation charges iii) Customs Duty Rs. ____ Indigenous Materials (sub divided as under) i) Invoice Cost ii) Freight, Insurance, Handling, Clearing and Transportation charges iii) Freight	Rs. Rs. Rs. Rs. Rs.

	Cost of Erection, Civil Works i) Permanent Civil Engineering works ii) Temporary works	Rs. Rs. Rs.
	Completely Erected value	Rs.
7.	Select Add-on Covers Required Escalation Clearance and Removal of Debris Owner's Surrounding Property Expediting Expenses Additional Customs Duty Air Freight Third Party Liability - a) For any one accident b) For all accidents during the period	Rs. Rs.
8.	Do you wish to opt for Higher amounts of deductible excess? If yes, (specify)	☐ Yes ☐ No
9.	Do you require MARINE/TRANSIT Insurance cover If yes, additional questionnaire for marine transit cover to be filled in	☐ Yes ☐ No

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

I/We hereby understand, declare, consent and authorize the Company to use financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the Insurer – M/S HDFC ERGO General Insurance Company Ltd.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Place

Date

Signature of Proposer