

(Please fill in CAPITALS only)

CUSTOMER INFORMATION*

Name of the Insured (Full Registered Name)										Customers PAN No.																													
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					DDMMYYYY					To					DDMMYYYY																								

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.	Details of Construction Site a) Distance from nearest river, lake, reservoir or sea b) Elevation of construction site above normal river, lake, reservoir or sea level c) Is there any record of the construction site ever having been affected by any natural calamity?	
4.	What is the period of insurance required Duration of Maintenance Period	From _____ to _____ months
5.	Please give the break-up of Sum Insured a) Contract Price b) Materials or items supplied by the Principal c) Any additional items not included in(a) and (b) above Landed cost of imported items as at construction site (please specify whether included in (a) and/or (b) above) TOTAL VALUE OF CONSTRUCTION	Rs. _____ Rs. _____ Rs. _____ Rs. _____
6.	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. _____
7.	Do you wish to opt for Higher amounts of deductible excess? If yes, (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you require MARINE/TRANSIT Insurance cover If yes, additional questionnaire for marine transit cover to be filled in	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 0 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.

DECLARATION BY INSURED

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.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and 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.

Place

Date

Signature of Proposer