

## PROPOSAL AND QUESTIONNAIRE FOR ERECTION ALL RISKS/ STORAGE-CUM-ERECTION INSURANCE.

(The liability of the company does not commence until this proposal has been accepted by the company and the premium paid)

Information given herein will be treated in strict Confidence.

Put a (✓) mark wherever applicable.

Sl. No.	Details	Answer								
1.	a) Name & Address of the Principal Trade or business b) Name & Address of the Contractor Trade or business c) Name & Address of the Sub Contractor, if any, Trade or Business	a)  b)  c)								
2.	<b>THE INSURED INTERESTS</b> Whose Interests are to be Insured? (Tick on boxes as applicable)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Principal</td><td style="width: 33%;">Contractor</td><td style="width: 33%;">Sub-</td></tr> </table>	Principal	Contractor	Sub-					
Principal	Contractor	Sub-								
3.	<b>THE CONTRACT WORKS -</b> a) Type of main plant b) Full description of the plant & Machinery to be erected, including Capacity. (Please attach separate sheet, if necessary)									
4.	a) Is this a contract/sub-contract forming part of an over all erection project. b) If yes, give name of the project. c) Whether to be commissioned independently or with the main plant.	<table style="width: 100%;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%;">Yes</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>independently</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>With Main Plant</td> </tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	independently	<input type="checkbox"/>	With Main Plant
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
<input type="checkbox"/>	independently	<input type="checkbox"/>	With Main Plant							
5.	a) Have the Plans, Designs and Materials been already tested in any previous erection? b) Is the installation or part thereof built for the first time	<table style="width: 100%;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%;">Yes</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							



6.	c) Are you the manufacturer, importer, buyer or contractor of the installation?	<table border="1"> <tr> <td>Mfrer</td> <td>Importer</td> <td>Buyer</td> <td>Contractor</td> </tr> </table>				Mfrer	Importer	Buyer	Contractor
	Mfrer	Importer	Buyer	Contractor					
	d) Is the property brand new or is it second hand or used one?	<table border="1"> <tr> <td>Brand New</td> <td>Second Hand</td> <td>Used</td> </tr> </table>				Brand New	Second Hand	Used	
	Brand New	Second Hand	Used						
e) If second hand or used, state age									
f) If second hand, whether testing cover required									
7.	g) If project involves dismantling, whether dismantling cover required.								
	a) Will the erection be carried out by your own personnel?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
	b) If not, by whom?								
8.	c) Past experience of the Erector								
	a) Will any sub-contractors be taking part in the work of erection?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
	b) If yes, what is their position as regards this insurance?								
9.	<b>THE CONTRACT SITE</b>								
	a) Location of site where the Plant is to be erected?								
	b) Nearest Port &/or Railway Station and distance.								
<b>Note - A complete lay out of the Factory and Site may be enclosed.</b>									
9.	a) i) Are any special risks of floods, fire or explosion involved?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
	ii) If yes, give details								
	b) Distance from nearest river or sea - the names and particulars to be given.								
	c) Elevation of Erection Site above normal River or sea level.								
	d) Is there any record of the Erection site ever having been submerged during floods?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
	e) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				



	f) Do you wish to cover Earth quake on first loss basis. g) If yes, please indicate limit of indemnity desired.	<table border="0"> <tr> <td><input type="text"/></td> <td>Yes</td> <td><input type="text"/></td> <td>No</td> </tr> <tr> <td><input type="text"/></td> <td>20% of S.I.</td> <td><input type="text"/></td> <td>10% of S.I.</td> </tr> </table>	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>	20% of S.I.	<input type="text"/>	10% of S.I.
<input type="text"/>	Yes	<input type="text"/>	No							
<input type="text"/>	20% of S.I.	<input type="text"/>	10% of S.I.							
<b>10.</b>	<b>STORAGE ARRANGEMENTS</b> a) Brief description of the arrangements made for storage of equipments – Whether in open or closed premises. i) Will there be a watchman on duty round the clock? ii) If not, what precautions will be taken against theft, malicious damage etc.? b) Do you comply with the mandatory fire fighting requirements as per Fire Fighting Endtt. 102(I) c) Do you comply with the mandatory fire fighting requirements as per Fire Fighting Endtt. 102(II)	<table border="0"> <tr> <td><input type="text"/></td> <td>Yes</td> <td><input type="text"/></td> <td>No</td> </tr> <tr> <td><input type="text"/></td> <td>Yes</td> <td><input type="text"/></td> <td>No</td> </tr> </table>	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>	Yes	<input type="text"/>	No
<input type="text"/>	Yes	<input type="text"/>	No							
<input type="text"/>	Yes	<input type="text"/>	No							
<b>11.</b>	<b>THE INSURANCE PERIOD</b> a) Probable date of first shipment or dispatch b) Expected date of first arrival at site. c) Expected date of last arrival at site. d) Probable date of commencement of erection of Plant & machinery e) Probable date on which erection of Plant & Machinery is expected to be completed finally. f) Duration of testing period included in (g) below. g) Period of Insurance required including test run _____ months h) In case material has already arrived at site or construction has already started(whichever is earlier) please state the date on which it has happened	<table border="0"> <tr> <td></td> <td>_____ months</td> </tr> <tr> <td>from</td> <td>_____ to _____</td> </tr> </table>		_____ months	from	_____ to _____				
	_____ months									
from	_____ to _____									

	h) Limited Maintenance Vists Cover, if opted for, please indicate period	.....	month
	i) Extended Maintenance Visits Cover if opted for, please indicate period	.....	months
<b>12.</b>	<b>SUM INSURED –</b>		
<b>12.1</b>	a) On landed cost of imported machinery as at Factory Site. i.e. @ Exchange rate _____ (sub divided as under)	Rs.	_____
	i) Invoice Cost	Rs.	_____
	ii) Freight, Insurance, Handling, Clearing and Transportation charges upto Factory Site.	Rs.	_____
	iii) Customs Duty	Rs.	_____
	b) On machinery fabricated or manufactured in India (sub divided as under)		
	i) Invoice Cost including insurance, handling and clearing and transporting upto factory Site.	Rs.	_____
	ii) Freight	Rs.	_____
	c) Cost of Foundation relating to (a) & (b) above	Rs.	_____
	d) On Cost of Erection, including salaries of all Foreign and Indian Technicians and wages of all skilled and unskilled labour employed at Factory Site during erection.	Rs.	_____
	e) On Civil Works		
	i) Permanent Civil Engineering Works	Rs.	_____
	ii) Temporary works	Rs.	_____
	<b>Completely Erected value</b>	<b>Rs.</b>	_____
<b>12.2</b>	Clearance and Removal of Debris	Rs.	_____
<b>12.3</b>	Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)	Rs.	_____

<b>12.4</b>	Insured's own Surrounding Property		Rs.	
<b>12.5</b>	a) On increased replacement value(escalation) including duty on such additional replacement value which may have to be paid on replacement of imported Plant and Machinery as per item 12.1 (a) above.	.....	%	Rs. _____
	b) On increased replacement value(escalation) which may have to be paid on replacement of indigenous Plant and Machinery as per item 12.1 (b) above.	.....	%	Rs. _____
	c) On increased replacement value (Escalation) on 12.1 (d)	.....	%	Rs. _____
	d) Escalation On reconstruction of -			
	- Permanent Civil Works	.....	%	Rs. _____
	- Temporary Works	.....	%	Rs. _____
<b>12.6</b>	Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost		Rs.	_____
<b>12.7</b>	Additional Customs Duty		Rs.	_____
<b>12.8</b>	Air Freight		Rs.	_____
<b>12.9</b>	A). Third Party Liability -			
	a) For any one accident		Rs.	_____
	b) For all accidents during the period		Rs.	_____
	<b>TOTAL SUM INSURED . . . .</b>		<b>Rs.</b>	_____
	B). Cross Liability, if required	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>13.</b>	Do you wish to opt for Higher amounts of deductible excess? If yes, (specify)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>14.</b>	a) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
	b) If yes, please state the name of the Insurance Co.			

<b>15.</b>	Has any such proposal been -		Yes		No
	a) declined?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) withdrawn?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c) accepted subject to an increased rate or special conditions?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>16.</b>	Do you require <b>MARINE/TRANSIT</b> Insurance cover	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, the following questions are to be answered -				
	a) Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, Glass equipments, Fire Bricks, Graphite Electrode etc.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, please give their value, description and mode of packing (whether packed in cases or loose)				
<b>17.</b>	a) Do you want cement to be covered?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, give its value and mode of packing(whether packed in gunny bags or paper bags)				
<b>18.</b>	Please give particulars of voyage for imports.				
<b>19.</b>	What is the limit required -				
	a) Per any one shipment? (In case of imports)				
	b) Per any one dispatch? (In case of indigenous materials)				
<b>20.</b>	Please state (for Inland Transit) -				
	a) How the goods will be transported to site of erection?	By Rail	By Steamer	By Lorry	By Country Craft
	b) How many Transhipments will be there?				
	c) Special hazards, if any, in transporting goods from nearest Station/Port to erection site.				
<b>21.</b>	Do you require War & S.R.C.C. Risk to be covered during Overseas/inland transits?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>22.</b>	Do you wish to opt for voluntary excess under the policy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



23.	If yes, please indicate the amount		
24.	Do you wish to cover terrorism risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Please indicate Limit of Indemnity required.	Rs.	
26.	If project period is ore than 12 months, do you need installment facility ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	If yes, please indicate whether quarterly, triennially, biennially etc.		
28.	For Combined Cycle Power Plant Project, indicate whether Open Cycle Cover is required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	If yes, indicate a) Period of Open Cycle Operation c) Value of Gas Turbine and Associated Equipments	..... .....	

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 the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

Place \_\_\_\_\_  
Dated \_\_\_\_\_

Proposer's Signature \_\_\_\_\_

### Section 41 of Insurance Act 1938 PROHIBITION OF REBATES

1. 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.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to five hundred rupees.

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