

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

Sales Officer : _____

Proposal Form No: _____

Broker/Agent Name : _____

Business Sector : Urban ☐ Rural ☐

Phone No. : _____

Type of Individual : Salaried ☐ Self employed ☐ Professional ☐

If entity, Type of entity : Partnership firm ☐ Company ☐ Others if other (please specify) _____

Annual Income : (In Rupees) : _____

Do you file income tax return ? Yes ☐ No ☐

Do you own a bank account ? Yes ☐ No ☐

Date of Birth : _____

Country : _____

PAN Number : _____

The liability of the Company does not commence until acceptance of the proposal has been formally intimated by the Company.

1. Information given herein will be treated in strict Confidence.

2. Put a (✓) mark wherever applicable.

Sr. No.	Details	Answer								
1	Name & Address of the Proposer									
2	THE INSURED INTERESTS Whose Interests are to be Insured ? Name & Address of the Insureds	<table border="1"> <tr> <td>Contractor</td> <td>Sub-Contractor</td> <td>Principal</td> </tr> </table>	Contractor	Sub-Contractor	Principal					
Contractor	Sub-Contractor	Principal								
3.	THE CONTRACT WORKS - Full description of the project, plant & Machinery to be erected, including Capacity. (Please attach separate sheet, if necessary)									
4.	a) If the project forms part of another project, details of the main project. b) Whether to be commissioned independently or with the 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 the first time OR is this a proven technology? c) Are you the manufacturer, importer, buyer or contractor of the installation? d) Is the property brand new or is it second hand or used one? e) If second hand or used, state age	Yes <input type="checkbox"/> No <input type="checkbox"/> Independently <input type="checkbox"/> With Main Plant <input type="checkbox"/> <table border="1"> <tr> <td>Mfrer</td> <td>Importer</td> <td>Buyer</td> <td>Contractor</td> </tr> <tr> <td>Brand New</td> <td>Second Hand</td> <td>Used</td> <td></td> </tr> </table>	Mfrer	Importer	Buyer	Contractor	Brand New	Second Hand	Used	
Mfrer	Importer	Buyer	Contractor							
Brand New	Second Hand	Used								
6.	a) Who will carry out the erection, testing and commissioning? Also specify b) Will there be testing of second hand or used machinery? If so, provide details c) Past experience of the Erector	Yes <input type="checkbox"/> No <input type="checkbox"/> _____								
7.	THE CONTRACT SITE - Will any sub-contractors be taking part in the work of erection? Who would be taking insurance for their scope of works?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
8.	THE CONTRACT SITE - a) Location of site where the Plant is to be erected with details of the nearest port, railway station, water body Note - A complete lay out of the Factory and Site may be enclosed.	_____								
9.	a) Are any special risks of floods, fire or explosion involved? 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? e) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>								

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.

I/we hereby declare and undertake that the amount paid by me/us as premium for the aforementioned policy is out of my/our lawful and declared source of income.

Place.....

Date.....

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.



Mailing Address: ICICI Lombard General Insurance Company Limited, Interface Building No.11, 401/402 4th Floor, New Link Road Malad (W), Mumbai - 400064.

Corporate Address : ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com

Now One Number for all your Insurance needs 1800 2666 (Toll Free also accessible from your mobile)

ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of the solicitation. IRDA Reg. No. 115.