

**PROPOSAL FORM CONTRACTORS ALL RISK INSURANCE POLICY (COMMERCIAL)**

*(Acceptance of this proposal is subject to the rules & regulations of All India CAR Tariff. The property is not covered until the proposal is accepted and premium paid.)*

Agent/Broker Name									
Agent/Broker Code									
Agent Mobile Number	Email Address								
Name and Address of the Principal Trade or business									
	City _____	State _____	Pin Code <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Name & Address of the Contractor Trade or business									
	City _____	State _____	Pin Code <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Name & Address of the Sub Contractor, If any, Trade or business									
	City _____	State _____	Pin Code <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Whose Interests are to be insured?	<input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-Contractor								
Full description of the contract work									
Please give details:	Building (type of construction ie: RCC, framed or otherwise, number of storeys etc)								
	Blasting Operation/Demolition								
	Pile driving								
	Tunneling								
	Underground works								
	Works in Water								
	Others								
<i>(Note - A site plan of contract works and contract order may be enclosed.)</i>									
Is this a contract/Sub-contract forming part of an overall construction project? If yes , please provide name of the project			Yes/No						
Location of the Project Site									
	City _____	State _____	Pin Code <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)			Yes/No						
Are any special risks of floods, Earthquake, natural calamity, collapse, Wet risk, fire or explosion involved? If yes, give details			Yes/No						
Details of Construction Site									
a) Distance from Nearest river, lake, reservoir or sea									

Contractors All Risk Insurance Policy (Commercial)

UIN - IRDAN149CP0003V02201819

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll Free: 1800 266 3202 | Registered

Office: Development House, 24 Park Street, Kolkata – 700016. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 I

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b) Elevation of 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			
d) Nearest port and/or Railway Station and distance			
Description of the arrangements made for storage of equipment's	Open <input type="checkbox"/>	Closed <input type="checkbox"/>	
Availability of 24*7 security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any other precautions taken against theft, malicious damage etc. Please provide details			
Will the construction be carried out by your own personnel? If not, by whom			Yes/No
Past experience of the contractor			
Will any sub-contractors be taking part in the work of construction? If yes, will they be covered under this insurance?			Yes/No
Period of Insurance			
	Project Period	From ..... To.....(____ months)	
	Duration of Maintenance Period		
<b>Sum Insured Details</b>			<b>Sum Insured</b>
a)Contract Price			
b)Material or items supplied by the principle			
Any additional item 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			
<b>Total Value Of Construction</b>			
<b>Add-on Covers / Clauses Opted</b>		<b>Required</b>	<b>Sum Insured</b>
Earthquake		Yes/No	
Clearance and Removal of Debris		Yes/No	
Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)		Yes/No	
Insured's own Surrounding Property		Yes/No	
Additional Customs duty		Yes/No	
Expediting Expenses		Yes/No	
Escalation		Yes/No	
Air Freight		Yes/No	
Third Party Liability –		Yes/No	
		Any one accident	
		All accidents during the period	
		Cross Liability, if required	Yes/No
<i>Note – Any additional add-ons (if any) to be separately attached as an annexure / additional sheet</i>			
Voluntary deductible opted, if yes, up to what limit?	Yes/No	Limit –	

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Do you require MARINE/TRANSIT Insurance cover If yes, addition questionnaire for marine transit cover to be filled in	Yes/No
<b>Premium Payment Details:</b>	
Total Premium Amount (Including GST) – INR _____	
Payee Name - _____	
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash	
Cheque /DD/ PO /UTR No. _____	
Date _____	IFSC _____
Amount in Rs. _____	
Bank Account No. _____	
Bank Name _____	Branch _____
PAN Number _____	
Aadhaar Number _____	
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>	
GST Registered	Yes/ No
	GSTIN Number
	GST State

**INTERMEDIARY DECLARATION**

**Intermediary PAN number:**

**Intermediary Aadhaar number:**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: \_\_\_\_\_

**DECLARATION BY INSURED**

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that

this proposal and the declarations shall be the basis of the contract between me/us and Magma HDI General Insurance Co. Ltd

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

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

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

**Place**

**Date**

**Signature of Proposer**

**VERNACULAR DECLARATION**

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: Proposer's Signature \_\_\_\_\_

Company stamp

Date: (DD-MM-YYYY) Name: \_\_\_\_\_ Designation \_\_\_\_\_

**Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015**

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.