

MAGMA HDI GENERAL INSURANCE COMPANY LTD.

PROPOSAL FORM - Contractors Plant and Machinery Insurance Policy (Commercial)

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

Basic Information

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Proposer	
4) Address of the Proposer	
5) Phone Number	
6) Email id	
7) Paid up capital of the firm	
8) Name of the Insured (Policy to	
be issued in favor of)	
9) Do you wish to cover the interest	
of any financial institution-if yes,	
give the names of all financial institutions?	
10) Location details (Complete	
Address with pin code & district) of the risk to be insured.	
the risk to be insured.	
11) Period of Insurance: Start/End	
date	
Note 1: Please ensure that the	
policy date and time is on or after	
the date of payment of premium to	
us.	
Note 2: Policy period should be for	
a maximum of one year. If you	
choose a shorter period than one	
year, then our short period scales	
of premium computation shall be	
adopted.	



12.		Do the items listed represent the entire machinery used by you at the above location.		Yes	No
13.	a)	Are you at present Insured?		Yes	No
	b)	If so, provide details:			
14		Has any company -			
	a)	Declined to insure any of the Machinery now proposed		Yes	No
	b)	Required an increased premium or imposed special conditions		Yes	No
	c)	Requested for repairs or made other special stipulations for risk improvement?		Yes	No
15	a)	Are you aware of any defects/ damages existing in the machinery.		Yes	No
	b)	If so, give details thereof			
16		Do you own or use any equipment other than that described above working on the same site?			
17		Is any of the equipment now proposed			
	a)	Licensed for road use? If so, give details	a)		
	b)	Covered by any other insurance? If so give details	b)		
18.	a)	Are you the owner of the proposed equipment? If yes, will you be hiring out?	a)		
	b)	If the equipment is hired;			
		i) Is Insurance your responsibility			



		ii) Is maintenance and operation your responsibility?
19.		Are the premises where the equipment operates well guarded?
20.	a)	What is the site condition where the equipment will be utilized?
	b)	Are the equipment likely to operate on reclaimed or soft ground?
	c)	Are the equipments likely to operate underground?
	d)	Are ground condition such that equipment are exposed to the risk of toppling over? If so, give details?
	e)	Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give detail and safety precautions taken.
21.		Will equipment belonging to other contractors operate on the same site?
22.		Do you have trained and qualified operators? Are there any statutory rules governing the appointment?
23.		Which of the equipments are required to be inspected and certified for operation by statutory rules?
24.	a)	Has your machinery sustained any damage during last 3 years?
	b)	If so, give details of damage/s and Repairing cost
25.	a)	Is regular periodical inspection of the machinery carried out? Yes No

Contractors Plant and Machinery Insurance Policy (Commercial) UIN - IRDAN149CP0004V01201819

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no.: 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.



26.		On payment of additional pyou wish to cover -	premium do	If Yes, provide lin	nits of indemnity	-
	a)	Express Freight (excluding Airfreight), overtime and Holiday Frates of wages	Rs	Yes		No
	b)	Air Freight F	Rs	Yes		No
	c)	Owners surrounding F property	Rs	Yes		No
	d)	Clearance & Removal of F Debris	Rs	Yes		No
	e)	Additional Custom Duty F	Rs	Yes		No
	f)	Escalation F	Rs	Yes		No
	g)	Third Party Liability -				
		i) For any one F accident	Rs	Yes		No
		ii) For all accident during the period F	Rs	Yes		No
27.		Do you wish to insure electrical & mechanical break down (which otherwise is an exclusion under CPM policy) pl provide list of such items.		Yes	No	
28	a)	Earthquake	Yes		No	
	b)	Terrorism	Yes		No	
29	Float	ter Cover Required : Yes			No	
	If Y	'es, whether at - all India Basis				

If so, by whom and at what intervals?

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	with speci	fied states ;						
SCHED	ULE OF PLANT & MA	ACHINERY TO BE INSURED –						
Quantity	y Description Type	Model, Capacity of Machine/ Serial No. HP/ KVA Volts, AMPS, RPM	Maker's Name and Country of Origin	Year of Make	Sum Insured			
		<u> </u>	<u> </u>					
GUIDE	NOTES -							
I.	Each Machinery s schedule column N	hould be entered separately wit o. 3.	th necessary speci	fications as	mentioned in			
	Full description wit declared.	ch identification no. etc. of each a	nd every equipmer	nt with valua	ition should be			
II.	to be insured inclu	nust be calculated on the present outling provision for packing, fre y, etc., to afford full protection under	ight and also valu		-			
III.	All Portable Machines must be so designated.							
IV.	All items in the ope	en must be so described separately	y .					
V.	Transit risks from site to site will be excluded.							

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Premium Payment Details:

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S.

No



gent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained to contents of this Proposal Form, including the nature of the questions contained in this Proposal Form the proposer including statement (s), information and responses(s) submitted by him/her in coposal Form to questions contained herein or any details sought herein will form the basis of contract of Insurance between the Company and the Proposer, if this Proposal is accepted by	Total Premium Amou	nt (Includin	g GST) – IN	R					_					
Cheque /DD/ PO /UTR No. Date IFSC Amount in Rs. Bank Account No. Bank Name PAN Number Aadhaar Number Aadhaar Number GST Registered GSTIN Number GST State INTERMEDIARY DECLARATION termediary PAN number: (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corpor gent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained e contents of this Proposal Form, including the nature of the questions contained in this Proposal For the proposer including statement (s), information and responses(s) submitted by him/her in opposal Form to questions contained herein or any details sought herein will form the basis of contract of Insurance between the Company and the Proposer, if this Proposal is accepted by impany for issuance of the Policy. I have further explained that if any untatement(s)/information/response(s) is/are contained in this Proposal Form / including addendum fidiavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure by material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by propany as null and void and all premium paid under the Policy may be forfeited to the Company.	Payee Name -							_							
Date IFSC Amount in Rs. Bank Account No. Bank Name PAN Number Aadhaar Number Aadhaar Number Focuments to be attached as per requirement for fulfillment of KYC Norms. GST Registered GSTIN Number GST State INTERMEDIARY DECLARATION termediary PAN number: (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corpor gent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained e contents of this Proposal Form, including the nature of the questions contained in this Proposal For the proposer including statement (s), information and responses(s) submitted by him/her in roposal Form to questions contained herein or any details sought herein will form the basis of portract of Insurance between the Company and the Proposer, if this Proposal is accepted by company for issuance of the Policy. I have further explained that if any untatement(s)/information/response(s) is/are contained in this Proposal Form / including addendum fidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure by material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by pompany as null and void and all premium paid under the Policy may be forfeited to the Company.	Kindly select: C	neque			DD			<u> </u>	IEFT	,				Cash	
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cense No. /ID (Advisor/Cornerate Agent/Broker/Relationship Officer)	gent/Authorized emplo ne contents of this Prop the proposer includi roposal Form to quest ontract of Insurance be ompany for issuand tatement(s)/information ffidavits, statements, so ny material fact, the Proposer	yee of the posal Forming statemed contains contains contains the contains of t	Broken, incluent (sined he Cone Poly), furning to he furning to he	r/Relading to ding the control of th	ations the nations orma or y and l onta to to	ship O ature tion a any d d the have ined in be furn our pu	fficer of the nd r etails Prop fun thi nishe	on do he que espoi sous ooser, ther so Prod, or nt to	nereb stion nses(ght h if t exp posa if th this	y dens cor s cor erein his Folaina l For ere h	clare ntaine bmit n wil Propo ed m / nas b posal	thated in the control of the control	t I han this by I had the thick the	ve exp Prophim/hane base ccepte any addon-diso treate	olained osal Fo er in t sis of ed by unt endum closure ed by
	conco No /ID (Advisor/	Corporato	\aon+/	'Drok	or/Do	lation	chin	Office	\r\						

DECLARATION BY INSURED

Signature of the Insurance Advisor: _____

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

Contractors Plant and Machinery Insurance Policy (Commercial) UIN - IRDAN149CP0004V01201819

Date: DD MM YYYY

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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.

1. I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not

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

Place
Date
Signature of Proposer

AML Guidelines

paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
Date: DD/MM/YYYY Signature of the Proposer:
Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*? $\hfill \square$ YES $\hfill \square$ NO
If yes, please share the details of "Politically Exposed Persons" (PEPs):
* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials
Additional Information:
Nationality: Indian Non-Indian If, Non-Indian, please specify Country:
Type of Organisation:
(i) Corporations

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2.

3.

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(ii) Trust		
(iii) Government		
(iv) Partnership		
(v) Non-Government Organ	isations	
(vi) Co-operatives		
(vii) Society		
(viii) Private Limited Compa	ny	
(ix) Public Limited Company	•	
(x) others, please specify		
4. Source of Funds:		
Business:	Salaried:	Others (please specify)
	VERNACULAR DECLA	RATION
incidental to availing the insuran proposer in the language understoo	ce from Magma HDI C od by him/her. The same the information provided	of the proposal form and all other documents General Insurance Company Limited to the has been fully understood by him/her and the d by the proposer. Replies have been read out
Place:	Proposer's Signature	
	Company stamp	
Date:	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.

(DD-MM-YYYY)