

PROPOSAL FORM ERECTION ALL RISKS/ STORAGE-CUM-ERECTION INSURANCE

(Acceptance of this proposal is subject to the rules & regulations of All India EAR 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 <input type="text"/>	
Name & Address of the Contractor Trade or business		City _____ State _____ Pin Code <input type="text"/>	
Name & Address of the Sub Contractor, If any, Trade or business		City _____ State _____ Pin Code <input type="text"/>	
Whose Interests are to be insured?		<input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-Contractor	
Location of the Project Site		City _____ State _____ Pin Code <input type="text"/>	
<i>(A complete lay out of the Factory and Site may be enclosed.)</i>			
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 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			
Full description of the erection work			
Full description of the plant & Machinery to be erected, including Capacity. (Please attach separate sheet, if necessary)			
Whether to be commissioned independently or with the main plant		Independently <input type="checkbox"/> With Main Plant <input type="checkbox"/>	
Is this a contract/sub-contract forming part of an overall Erection project? If yes, give name of the project		Yes/No	
Have the Plans, Designs and Materials been tested in any previous erection?		Yes/No	

Is the installation or part thereof built for the first time		Yes/No	
Are you the:			
Manufacturer	<input type="checkbox"/>	Importer	<input type="checkbox"/>
Buyer	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
Type of Property being erected:	Brand New <input type="checkbox"/>	Second Hand <input type="checkbox"/>	Used <input type="checkbox"/>
If second hand or used, state age			
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			
Past Experience of the Erector			
Will the erection be carried out by your own personnel? If not, by whom?			Yes/No
Will any sub-contractors be taking part in the work of erection? If yes, will they be covered under this insurance?			Yes/No
Period of Insurance			
	Project Period	From To.....(____ months)	
	Duration of Maintenance Period		
	Duration of Testing Period		
Sum Insured Details			Sum Insured
Imported Material (Sub-divided as under)			
<ul style="list-style-type: none"> • Invoice cost • Freight, insurance, handling, clearing and transportation charges • Custom Duty 			
Indigenous Material (Sub-divided as under)			
<ul style="list-style-type: none"> • Invoice cost • Freight, insurance, handling, clearing and transportation charges • Freight 			
Cost of Erection			
Civil Works			
<ul style="list-style-type: none"> • Permanent Civil Engineering works • Temporary works 			
<i>Please mention Exchange Rate for any details in Foreign Currency</i>			
Add-on Covers / Clauses Opted		Required	Sum Insured
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	

