

PROPOSAL FORM - ERECTION ALL RISK 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.)

Toll Free No. 1800 266 3202

BASIC INFORMATION

Agent/Broker Name																																																																																
Agent/Broker Code																																																																																
Agent Mobile Number																																																																																
Email Address																																																																																
Name and Address of the Principal Trade or business																																																																																
	City:																																								State:																																							
	Pin Code:																				Landline:																																																											
Mobile Number																																																																																
Email Address																																																																																
Name & Address of the Contractor Trade or business																																																																																
	City:																																								State:																																							
	Pin Code:																				Landline:																																																											
Mobile Number																																																																																
Email Address																																																																																
Name & Address of the Sub Contractor, If any, Trade or business																																																																																
	City:																																								State:																																							
	Pin Code:																				Landline:																																																											
Mobile Number																																																																																
Email Address																																																																																
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:																				Landline:																																																											

(A complete lay out of the Factory and Site may be enclosed.)

Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any special risks of floods, Earthquake, natural calamity, collapse, Wet risk, fire or explosion involved? If yes, give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Have the Plans, Designs and Materials been tested in any previous erection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the installation or part thereof built for the first time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>

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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 <input type="checkbox"/> No <input type="checkbox"/>
Will any sub-contractors be taking part in the work of erection? If yes, will they be covered under this insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Period of Insurance	
Project Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (_____ months)
Duration of Maintenance Period	
Duration of Testing Period	

Add-on Covers / Clauses Opted	Sum Insured
Imported Material (Sub-divided as under)	
● Invoice cost	
● Freight, insurance, handling, clearing and transportation charges	
● Custom Duty	
Indigenous Material (Sub-divided as under)	
● Invoice cost	
● Freight, insurance, handling, clearing and transportation charges	
● Freight	
Cost of Erection	
Civil Works	
● Permanent Civil Engineering works	
● Temporary works	

Please mention Exchange Rate for any details in Foreign Currency

Add-on Covers / Clauses Opted	Required	Sum Insured
Earthquake	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Clearance and Removal of Debris	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insured's own Surrounding Property	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Customs duty	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Expediting Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Escalation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Air Freight	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Third Party Liability –	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any one accident		
All accidents during the period		
Cross Liability, if required	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Note – Any additional add-ons (if any) to be separately attached as an annexure / additional sheet

Voluntary deductible opted, if yes, up to what limit? Yes No
Limit _____

Do you require MARINE/TRANSIT Insurance cover If yes, addition questionnaire for marine transit cover to be filled in Yes No

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Premium Payment Details:

Kindly select : Cheque DD NEFT Cash

Cheque /DD/ PO /UTR No.

Date IFSC

Amount in Rs.

Bank Account No.

Bank Name Branch

PAN Number

Aadhaar Number

GST Registered Yes No

GSTIN Number

GST State

Declaration by Insured

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / we hereby agree that this declaration shall form the basis of the contract between me / us and the "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.

Place

Date:

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - 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 or 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 prospectus 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.