

PROPOSAL FORM - BOILER AND PRESSURE PLANT INSURANCE POLICY

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

BASIC INFORMATION

Agent/Broker Name																										
Agent/Broker Code																										
Agent Mobile Number											Email Address															
Name of the Proposer/ Insured (in full)																										
Address																										
City																State										
Pin Code						Landline No.																				
Mobile No.																										
Email:																										

Do you wish to cover the interest of any financial institution- if yes, give details _____

Are you at present Insured Yes No If so, with whom? _____

Whether you have insured the same property for coverage under Fire Insurance. (Give details) Yes No

Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details) Yes No

Location of the Equipment to be insured _____

City _____ State _____ Pin Code _____

Risk Occupancy _____
(Describe the activities carried out in the premises)

Period of Insurance From To

Do the Machineries listed represent the whole of the plant? Yes No

Are you aware of any defects / damages existing in the machinery? If so, give details thereof. Yes No

Are regular periodical inspections of the machinery carried out? If so, by whom and at what intervals? Yes No

Sr. No.	Quantity	Description – Maker's Name, Maker's No., Capacity	Year of Make	Registration Number	Sum Insured
(Please attach separate sheet, if necessary)					

On payment of additional premium do you wish to cover

Add-on Covers / Clauses Opted	Required	Sum Insured
Escalation Amount/ percentage	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Express Freight (excluding Airfreight), overtime and Holiday rates of wages)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Air Freight	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Owners surrounding property	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Customs duty	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Third Party Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	AOA _____	AOY _____

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

In case of Boiler, state if it is Water tube type? If yes, what is the evaporative capacity per hour	Yes <input type="checkbox"/> No <input type="checkbox"/>
State how Boiler is fired, e.g. Oil, Gas Coal or Pulverized fuel	
Do you wish to include the main steam piping within 100 meters radius of the Boiler?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Give particulars of any defects in the Boiler & pressure vessel	
Which items of Plant are subject to periodical inspection?	
By whom are they inspected, and at what Intervals?	
Date of last inspection, working pressure approved, and period of such approval (attach copy of last report).	
What is the maximum load on safety valve per square inch?	
What is the working pressure?	

Premium / Claim details for the past 5 years

Date of Loss	Details of Loss	Claim Amount	Premium Paid
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			

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

Documents to be attached as per requirement for fulfillment of KYC Norms.

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.