

PROPOSAL FORM - CONTRACTORS PLANT & MACHINERY INSURANCE POLICY

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

BASIC INFORMATION

1) Agent/Broker Name	<input type="text"/>
2) Agent/Broker Code	<input type="text"/>
3) Name of the Proposer	<input type="text"/>
4) Address of the Proposer	<input type="text"/>
	City: <input type="text"/> State: <input type="text"/>
	Pin Code: <input type="text"/> Landline: <input type="text"/>
5) Phone Number	<input type="text"/>
6) Email id	<input type="text"/>
7) Paid up capital of the firm	<input type="text"/>
8) Name of the Insured (Policy to be issued in favor of)	<input type="text"/>
9) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions?	<input type="text"/>
10) Location details (Complete Address with pin code & district) of the risk to be insured.	<input type="text"/>
11) Period of Insurance: Start/End date	<input type="text"/> <input type="text"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
13) a) Are you at present Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If so, provide details:	<input type="text"/>
14) Has any company -	
a) Declined to insure any of the Machinery now proposed	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Required an increased premium or imposed special conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Requested for repairs or made other special stipulations for risk improvement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15) a) Are you aware of any defects/ damages existing in the machinery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If so, give details thereof	<input type="text"/>
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) <input type="text"/>
b) Covered by any other insurance? If so give details	b) <input type="text"/>
18) a) Are you the owner of the proposed equipment? If yes, will you be hiring out?	
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>

