

PROPOSAL FORM CONTRACTOR'S ALL RISKS INSURANCE

(Acceptance of this proposal is subject to the rules & regulations of All India CAR 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					
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Name & Address of the Contractor Trade or business		City _____ State _____ Pin Code					
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Name & Address of the Sub Contractor, If any, Trade or business		City _____ State _____ Pin Code					
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Whose Interests are to be insured?		<input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-Contractor					
Full description of the contract work							
Please give details:		Building (type of construction i.e.: RCC, framed or otherwise, number of storeys etc)					
		Blasting Operation/Demolition					
		Pile driving					
		Tunneling					
		Underground works					
		Works in Water					
		Others					
<i>(Note - A site plan of contract works and contract order may be enclosed.)</i>							
Is this a contract/Sub-contract forming part of an overall construction project? If yes , please provide name of the project			Yes/No				
Location of the Project Site		City _____ State _____ Pin Code					
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					
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							
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		
Will the construction be carried out by your own personnel? If not, by whom		Yes/No
Past experience of the contractor		
Will any sub-contractors be taking part in the work of construction? If yes, will they be covered under this insurance?		Yes/No
Period of Insurance		
	Project Period	From To.....(____ months)
	Duration of Maintenance Period	
Sum Insured Details		Sum Insured
a)Contract Price		
b)Material or items supplied by the principle		
Any additional item not included in (a) and (b) above		
Landed cost of imported items as at construction site (Please specify whether included in (a) and/or (b) above		
Total Value Of Construction		
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	
	Cross Liability, if required	Yes/No
<i>Note – Any additional add-ons (if any) to be separately attached as an annexure / additional sheet</i>		
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
Premium Payment Details:		
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash		
Cheque /DD/ PO /UTR No. <input type="text"/>		
Date	<input type="text"/>	IFSC <input type="text"/>
Amount in Rs. <input type="text"/>		
Bank Account No. <input type="text"/>		
Bank Name	<input type="text"/>	Branch <input type="text"/>

PAN Number																				
Aadhaar Number																				
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>																				
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.