

Deterioration of Stocks (Potatoes)

Proposal Form



WITH YOU ALWAYS

The liability of the company does not commence until this proposal has been accepted by the company and the premium paid.
N.B. : If space is insufficient for any answer please continue on a separate sheet and attach hereto.

I.1. Proposer:

(a) Name	
(b) Postal address	
(c) Works address <small>(location of the cold storage plant i.e. railway station & district)</small>	

2. In the cold storage owned by you or taken on lease? _____
 3. What are your contractual liabilities to your customer? _____
 4. How long have you been running the cold storage? _____
 5. Have you suffered any losses due to deterioration in the past? Give details of cause and amount. _____
- II.1.** Was the plant insured for machinery breakdown and deterioration of stocks previously? If so, please give name of Insurance Company and period of Insurance. _____
2. Was the Insurance at any time declined by any Company? If so, by whom and for what reason. _____
- III. Give the period of Insurance required by you.** _____
- IV.**
1. What would be the maximum stock of goods stored by you at time during the season? _____
 2. State the price per quintal at which you wish to insure the stock (this price should include storage charges) _____
 3. Sum to be insured : _____ Rs. _____
 4. Do you maintain any stock If so, please attach a specimen copy with this form. _____
- V.**
1. Give details of cold storage rooms number, size, designed storage capacity. _____
 2. By whom the cold storage is designed? Give the name of the designer/firm engineer. _____
 3. a. Indicate the type of insulation used in the refrigeration chambers. _____
 b. Give cross-sectional sketch of insulation of all sides. _____
 c. When was the present insulation done and by whom? _____
 d. When was the present insulation last replaced? _____
 4. Give the design and type of materials used for storage racks and the name of firm/engineers who designed, constructed them. _____
 5. a. What goods do you store? _____
 b. Do you accept stocks of high yielding variety? _____
 c. Do you ascertain that the stocks offered for storage are free from disease? _____
 d. How do you store the goods? In bags, containers or loose? _____
 e. Do you sort out bad stocks before storage? _____
 f. Do you check for spoilage of stored goods and arrange for their removal? _____
 g. What time will be required to remove the stocks in case of breakdown. _____
 h. In the event of loss, is there any possibility of storing the goods in your charge elsewhere? If so, give full name & address. _____
 i. Are you authorised to dispose off the goods stored to avoid or minimise losses due to deterioration etc.? _____
 6. a. What conditions of temperature (indicate in degree C or F) and relative humidity do you maintain in the cold storage for different goods stored. _____
 b. How do you ensure proper circulation of cold air or proper conditions of temperature and humidity in the cold rooms? _____
 c. How do you ensure the proper loading of cold rooms within the designed capacity. _____
 d. At what intervals are the temperature and humidity checked? _____
 e. Is the cold storage plant equipped with automatic control system? If so, what is the type of control? _____
- IV.**
1. What is your main source of electric supply? Your own generation or from public grid. _____
 2. State input voltage if power is obtained from the Public grid. If a transformer is required for the input voltage is it located in your premises and are you the owner? _____
 3. Has the power supply been interrupted at any time during the last three years? If so, state number and duration of interruptions. _____
 4. Do you have stand by arrangement in the event of failure of main source of electric supply? If so, give details. _____
 5. After how many hours (24, 48, 72 or more) do you expect the stored goods to deteriorate due to a rise or fall in temperature in consequence of machinery breakdown and/or failure of power supply. _____

Deterioration of Stocks Policy UIN No.: IRDANI108P0019V01100001

VII. 1. By whom the machinery has been : _____

a. manufactured? _____

b. supplied? _____

c. erected? _____

(Give the name of firm/engineers)

2. Give details of : _____

a. Refrigerating compressors, number, make capacity in tons, bore, stroke, R.P.M. _____

b. Are the compressors driven by electric motors or diesel engines? Give details of driving motor or diesel engine, i.e. H.P. Serial Number, make, bore, stroke, R.P.M., type and voltage. _____

3. Are there several independent refrigerating systems and if so, is it possible to switch from one to another. _____

4. Give the number and type of condensor stands. _____

5. State the refrigerant used. _____

6. Give details of circulating water pumps: _____

a. Capacity in gallons per minute and head in ft/metre. _____

b. H.P., R.P.M., type and voltage of driving motors. _____

7. Give the number of stand by spare units: _____

a. Compressors under loading conditions _____

b. Compressors under normal conditions. _____

c. Circulating water pumping sets. _____

d. Electric motors for diffusers. _____

e. Any other equipment. _____

8. Do you keep a stock of replacement spare parts for :(Give details) _____

a. Compressors. _____

b. Driving motors. _____

c. Engines. _____

d. Pumps etc. _____

9. a. Is the plant inspected and serviced regularly by a recognised firm of cold storage specialists or by refrigeration plant engineer and if so, at what intervals?

b. Is the plant under supervision of a qualified and experienced refrigeration engineer/ mechanic. Give name, qualifications, experience of the engineer, mechanic-in-charge.

c. Do you maintain a log book for the maintenance of plant and the conditions of temperature and humidity in the cold rooms? If so, give a specimen copy of the same.

VIII. State the date when the Insurance is to commence. Date _____ Month _____ Year _____

(Period of Insurance will be from the date till the expiry date).

Additional Details (Mandatory):

Nationality: Indian Non – Indian If Non-Indian, please specify Country: _____

Type of Organization

Corporations Governments Non Governmental Organizations Society International Organization Trust Partnership

Cooperatives Section 25 Company

PAN card number (10 character number):

Sources of funds: Please tick appropriate box

Salary Business Others (please specify) _____

Declaration:

1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

