BOILER & PRESSURE VESSEL - COMMERCIAL UIN: IRDAN108CP0010V01201819

BOILER & PRESSURE VESSEL – COMMERCIAL

Proposal Form

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.)



| Mr. / Mrs. / Ms. / M/s. / [| r. | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------|-------------|-----------------|--------|--------|------|-------|--------|--------|--------|-----|-----------------------|-----------------------------|-------|--------------|---------|-------|-------|--|----------------------------|------|-----|--|
| Address of the Insured | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | City | , | | | | | | | | | | |
| | State | | | | | | | | | | | | Pin | Code | | | | | | | | | | |
| | Tel.:(O) | | | | | | | | | | | | Fax | | | | | | | | | | | |
| | Mobile | | | | | | | | | | | | E-m | nail | | | | | | | | | | |
| b) Work Address | | | | | | | | | | | | | | | | 1 | | | | | | | | |
| (Site of the Property to | | | | | | | | | | | | | City | , | | + | | | | | | | | |
| be Insured) | State | | | | | | | | | | | | - | Code | | + | | | | | | | | |
| | Tel.:(O) | | | | | | | | | | | | Fax | | | | T | | | | | | | |
| | Mobile | | | | | | | | | | | | E-m | | | | | | | | | | | |
| 2. Period of Insurance Proposed | | | | | | | | | | | | | | | | | | | | | | | | |
| | V V V | 7 | То | | D | Б | MIN | 4 V | v v | V | 1 | | | | | | | | | | | | | |
| From D D M M Y | Y Y | | То | | D | D | IVI | /I Y | T | Ť | | | | | | | | | | | | | | |
| 3. Total Sum Insured: | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 A) BOILER AND PRESSURE P | _ANT - | | | | | | | | | | | | | | | | | | | | | | | |
| S.No. Location | | Descrip | | | | lame, | | | Regist | tratio | n Numl | ber | | | Year | of Ma | ake | | | | Sum | Insu | red | |
| | | Maker | s No., | Capa | ecity | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | |
| B) Surrounding Property Of Th | e Insured In | cluding | Prope | rty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| B) Surrounding Property Of Th | e Insured In | cluding | Prope | rty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| | | cluding | Prope | rty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| B) Surrounding Property Of The C) Legal Liabilities To Third Particles | | cluding | Prope | rty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| | | cluding | Prope | rty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| C) Legal Liabilities To Third Pa | | cluding | Prope | rty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| C) Legal Liabilities To Third Par a) Personal Injury | | cluding | Prope | erty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| C) Legal Liabilities To Third Pa | | cluding | Prope | rty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| C) Legal Liabilities To Third Para | | cluding | Prope | rty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| C) Legal Liabilities To Third Parallel Control of the Control of t | ties | _ | Prope | rty He | eld In | Trust | Or C | ommis | ssion | | | | | | | | | | | | | | | |
| a) Personal Injury Rs b) Property Damage Rs | ties | _ | | | | | | | ssion | | | | | | | | | | | | | | | |
| C) Legal Liabilities To Third Parallel Andrews To Third Parallel Andre | ties | _ | | | | | | | ssion | | | | If | Yes pr | ovide | Limi | ts of l | Inden | nnity | | | | | |
| a) Personal Injury Rs b) Property Damage Rs | ties | | wish | to cov | ver th | e Foll | owin | g? | ssion | | | | | Yes pr | | | | | | | No | | | |
| a) Personal Injury Rs b) Property Damage Rs D) On payment of addition | ties | | wish | to cov | ver th | e Foll | owin | g? | ssion | | | | R | - | | | | | - | | No No | | | |
| a) Personal Injury Rs b) Property Damage Rs D) On payment of addition a) Express freight (exclusion b) Airfreight. | nal premium | do you | wish | to cov | ver th | e Foll | owin | g? | ssion | | | | R R | s | | | | | - | | No | | | |
| a) Personal Injury Rs b) Property Damage Rs D) On payment of addition a) Express freight (exclub) Airfreight. c) Owner's Surround | nal premium ding airfreig | do you | wish | to cov | ver th | e Foll | owin | g? | ssion | | | | R R R | s s | | | | | - | | No No | | | |
| a) Personal Injury Rs. b) Property Damage Rs. D) On payment of addition a) Express freight (exclusion b) Airfreight. c) Owner's Surround d) Third Party Liability | nal premium ding airfreig | do you | wish | to cov | ver th | e Foll | owin | g? | ssion | | | | R R R | s s s | | | | | - | | No | | | |
| a) Personal Injury Rs. b) Property Damage Rs. D) On payment of addition a) Express freight (exclub) Airfreight. c) Owner's Surround | nal premium ding airfreig | do you | wish | to cov | ver th | e Foll | owin | g? | ssion | | | | R R R | s s | | | | | - | | No No | | | |
| a) Personal Injury Rs. b) Property Damage Rs. D) On payment of addition a) Express freight (exclub) Airfreight. c) Owner's Surround d) Third Party Liability | nal premium ding airfreig | do you | wish | to cov | ver th | e Foll | owin | g? | ssion | | | | R R R R | s s s | | | | | - | | No No No | | | |
| a) Personal Injury Rs b) Property Damage Rs D) On payment of addition a) Express freight (exclub) Airfreight. c) Owner's Surround d) Third Party Liability i) Any one Accide | nal premium ding airfreig ng Propert | do you | wish | to cov | ver th | e Foll | owin | g? | ssion | | | | R R R R | s s s s | | | | | - | | No No No | | | |
| a) Personal Injury Rs. b) Property Damage Rs. D) On payment of addition a) Express freight (exclub) Airfreight. c) Owner's Surround d) Third Party Liability i) Any one Accide ii) Any one Year e) Additional Custom | nal premium ding airfreig ng Propert | do you | wish time a | to cov | ver th | e Foll | owin | g? | ssion | | | | R R R R R | s s s s s | | | | | - | | No No No No No | | | |
| a) Personal Injury Rs | nal premium ding airfreig ng Propert | do you | wish time a | to cov | ver th | e Foll | owin | g? | ssion | | | a | R R R R R | s s s s s | | | | | - | | No No No No | | | |
| a) Personal Injury Rs. b) Property Damage Rs. D) On payment of addition a) Express freight (exclub) Airfreight. c) Owner's Surround d) Third Party Liability i) Any one Accide ii) Any one Year e) Additional Custom | nal premium ding airfreig ng Propert | do you ht, Over | wish time a | to cov nd Hc | ver th | e Foll | owin | g? | ssion | | | a | R R R R R | s s s s s ye | 98 | | | | - | | No No No No No | | | |

| 7. | a) Do you wish to include the main steam piping? | | Yes | | No |
|--------|---|---------|------------------------|------------------------|---------------------------|
| | b) If so, state whether cover required within 20 meters or 100 meters radius of the Boiler | | 20 m | | 100 m |
| 8. | a) Are all the items in good condition? | | Yes | | No |
| | b) Give particulars of any defects | b) | | | |
| 9. | a) Which items of Plant are subject to periodical Inspection? | a) | | | |
| | b) By whom are they inspected, and at what intervals | b) | | | |
| | c) Date of last inspection, working pressure approved, and peroid of such approval (attach copy of last report). | c) | | | |
| 10. | a) What is the maximum load on safety valve per square inch? | a) | | | |
| | b) What is the working pressure? | b) | | | |
| 11. | a) Are the Boiler Attendant solely employed on the Boiler Plant? | a) | Yes | | No |
| | b) What are their qualifications? | b) | | | |
| | c) What proportion of their time is given to other duties, if not solely employed on the Boiler Plant? | c) | | | |
| 12. | a) Is the Boiler Plant now Insured? | | Yes | | No |
| | b) If so, state name of Insure,r and date policy expires | b) | | | |
| 13. | a) Has the Boiler Plant at any time been insured by you? | a) | Yes | | No |
| | b) If so, state name of Insure,r and date of policy expired? | b) | | | |
| 14. | In respect of Boiler Insurance, has any Insurer | | | | |
| | a) Permitted withdrawal of or declined any proposal from you? | a) | Yes | | No |
| | OR | | | | |
| | b) Cancelled or refused to renew your policy? Note - Name of Insurer to be stated. | b) | Yes | | No |
| 15 | a) Have you ever had an accident to your Boiler Plant? | a) | Yes | | No |
| | b) If so, give full particulars on separate sheet. | b) | | | |
| 16. | Do you have any Boiler Plant in use other than that specified in the schedule? | | Yes | | No |
| 17. | a) Are any of the Boilers shown in the proposal automaticalyl Controlled? | a) | Yes | | No |
| | b) If so, which ones | b) | | | |
| 18. | a) Is any of the automatically controlled Boilers not under continuous supervision by person competent to opera tiet? | a) | Yes | | No |
| | b) If so which ones | b) | | | ····· |
| 19. | ls Boiler under regular and frequent supervision whilst wokring? | | Yes | | No |
| heat | e - e term `Boiler' where used in the above schedule includes fittings, integral super heaters and integral of ers, separate economisers, such items being covered by the Policy only if specifically listed in the sche llue of the Boiler and/or Pressure Plant older than 20 years must be indicated separately. | | isers but does not inc | lude steam or feed wat | er piping, separate super |
| | Guidelines we hereby confirm that all premiums paid / payable in future will be from bonafide sources | and no | t naid out of proces | ade of orimo and that | such pramiums are not |
| d p | we never commit that an premiums part / payable in future will be from bothland sources is proportionate to my/our income. I / we understand that the Company has the right to call follow in case I / we are found guilty by any competent court of law under any of the statute we in India. | or docu | ments to establish | sources of funds and | to cancel the insurance |
| | / we are not Politically Exposed Persons * nor are their close relatives / family members / a ecome a Politically Exposed Person / close relative / family member / associate of Politically | | | p the company infor | med if we subsequently |
| Politi | cally Exposed Persons" shall have the meaning assigned to it under Prevention of Mondad from time to time." | | | ce of Records) Ame | ndment Rules, 2023 as |
| Nati | ionality: Indian Non-Indian If Non-Indian, please specify the Country: | | | | |
| | e of Organization | | | | |
| | | nmenta | al Organizations | Society | |
| Γrust | Cooperatives Section 25 Company Internation | al Orga | nization | | |
| PAN | card number (Mandatory): | | | | |
| | | | | | |

| Name of the Account Holder: | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|---|---|--|--|--|--|---|---|--|--|---|--|--|--|--|
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| Name of the Bank: | | | | | | | | | | | | | Bra | nch: | | | | | | | | |
| Type of Account: | | SB | Accoun | t | | Curre | ent Acc | ount | | Othe | ers (Ple | ase | spec | ify) | | | | | | | | |
| Account Number: | | | | | | | | | | | | | | | | | | | | | | |
| FSC Code: | | | | | | | | | | | | | | | | | | | | | | |
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| claration: e content of this form along with | n produ | ıct be | nefits, t | erms/c | conditi | ons and | exclus | sions ha | ve beer | clearly | / expla | ined | to m | ne. I/w | e hav | e und | dersto | od th | iese a | and co | onfirm 1 | o |
| de by the policy terms & conditi | ons. | | | | | | | | | • | • | | | | | | | | | | | |
| nature of the Proposer | | : _ | | | | | | | | | | | | | | | | | | | | |
| me & Signature of agent/interme | ediary | :_ | | | | | | | | | | | | C | ode:_ | | | | | | | |
| nacular Declaration (Certificati | on in c | ase th | ne prop | oser h | as siq | ned in v | ernacu | lar/thur | nb prin | t): | | | | | | | | | | | | |
| content of this form along with | | | | | _ | | | | - | | / expla | ined | by n | ne in ' | /erna | cular | to the | prop | oser | who | has | |
| lerstood and confirmed the san | ne. | | | | | | | | | | | | | | | | | | | | | |
| nature of the Proposer | | : - | | | | | | | | | | | | | | | | | | | | |
| me & Signature of agent/interme | ediary | : _ | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| ent Declaration: | | | | | | | | | | | | | | | | | | | | | | |
| ent Deciaration: | | | | | | | | | /Eull N | Jamo) i | in my c | ana | sity a | e an I | neura | nco A | \ dviec | r/ Sn | ocific | ad Par | con of | the |
| | | 5 Al F | D., - I / [|) - l - 4 ¹ | | Off: | -l - l | -111 | | | | | | | | | | | | | son of | |
| porate Agent/Authorized emplo | | | | | | | | | lare tha | t I have | e expla | ined | all tl | he co | ntents | of th | nis Pro | oposa | al For | m, in | cluding | th |
| rporate Agent/Authorized emploure of the questions contained i | n this l | ropo | sal Forr | n to th | e Prop | oser inc | cluding | stateme | lare tha ent(s), ir | t I have nformat | e expla tion an | ined d res | all tl spons | he co se(s) s | ntents submi | of th | nis Pro oy him | oposa n/her | al For in thi | m, in is Pro | cluding posal F | th ori |
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