

# CONTRACTORS ALL RISK INSURANCE - COMMERCIAL

## 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)  
Information given herein will be treated in strict Confidence.  
Put a (✓) mark wherever applicable.

S. No	Details	Answer
1.	a) Name & Address of the Principal Trade or business	a)
	b) Name & Address of the Contractor Trade or business	b)
	c) Name & Address of the Sub Contractor, if any, Trade or Business	c)
2.	<b>THE INSURED INTERESTS</b>	
	Whose Interests are to be Insured?	<div>Contractor</div> <div>Sub-contractor</div> <div>Principal</div>
3.	<b>THE CONTRACT WORKS</b>	
	a) Full description of the Contract	
	b) Please give details -	
	i) Building (type of construction, number of storeys etc.)	
	ii) Blasting operation	
	iii) Excavation work	
	iv) Pile driving	
	v) Tunneling	
	vi) Dam Construction or diversion of water	
	vii) Others (Specify)	
	Note - A site plan of contract works may be enclosed.	
4.	i) Is this a Contract/Sub-contract forming part of an over all construction project	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii) If yes, give name of the Project	
5.	a) Will the construction be carried out by your own personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If not, by whom?	b) _____
	c) Past experience of the Contractor	c) _____
6.	a) Will any sub-contractors be taking part in the work of construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If yes, what is their position as regards this insurance?	b) _____
	<b>THE CONTRACT SITE</b>	
7.	a) Location of Contract site	a) _____
	b) Nearest port and/or Railway Station and distance.	b) _____
	<b>Note</b> - A complete layout of the site may be enclosed	
8.	a) Are any Special Risks of one or more of the following involved?	a) _____
	i) Earthquake-Fire & Shock	
	ii) Landslide/Rockslide/ Subsidence	

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	iii) Flood/Inundation																	
	iv) Storm/Tempest/Hurricane/Typhoon/ Cyclone																	
	v) Collapse																	
	vi) Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea.																	
	b) Distance from nearest river, lake, reservoir or sea - the names and particulars to be given	b) _____																
	c) Elevation of construction site above normal river, lake, reservoir or sea level	c) _____																
	d) Is there any record of the construction site ever having been affected by any of the major perils specified in (a) above?	d) _____																
9.	Give full details regarding geological condition including sub soil																	
10.	a) Brief description of the arrangements made for storage of construction materials and equipments - whether in open or closed premises.	a) _____																
	b) i) Will there be a watch and ward round the clock?	b) (i) _____																
	ii) If not, what precautions will be taken against theft, malicious damage etc.	(ii) _____																
11.	<b>THE INSURANCE</b>																	
	a) Estimated construction period excluding maintenance period (cover to commence from the date of first arrival of consignment material at site or commencement of work whichever is earlier)	a) _____ month From : <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To : <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
	b) Cover required during maintenance period, if any	a) _____ month From : <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To : <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
	c) Probable date on which construction is expected to be completed	c) _____																
	d) Period of Insurance required	a) _____ month From : <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To : <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
12.	a) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	b) If yes, please state name of the Insurance Company.	b) _____																
13.	Has any such proposal been -																	
	a) Declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	b) Withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	c) Accepted subject to an increased rate or special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	<b>SUM INSURED</b>																	
14.	i) Contract works -																	
	<b>Note</b> -Please attach schedule of quantities and rates and/or values ( <i>Permanent &amp; Temporary works including all materials to be incorporated therein</i> )																	
	a) Contract Price	Rs. _____																
	b) Materials or items supplied by the Principal	Rs. _____																
	c) Any additional items not included in (a) and (b) above	Rs. _____																
	d) Landed cost of imported items as at construction site (please specify whether included in (a) and/or (b) above) at Exchange Rate -----	Rs. _____																
	<b>TOTAL VALUE OF CONSTRUCTION</b>	Rs. _____																
	ii) Construction Plant & Machinery to be used at the construction site (Details as per attached sheet)	Rs. _____																
	iii) Clearance & Removal of Debris	Rs. _____																
	iv) Insured's own surrounding property.	Rs. _____																

	v) Extra charges for Express Freight (excluding Air Freight) overtime Sunday & Holiday rates of wages, if required.	Rs. _____
	vi) On increased Replacement value for item i (a) (b) & (d) above, if required	Rs. _____ ( _____ % )
	vii) Third Party liability -	
	a) for any one accident	Rs. _____
	b) for all Accidents during the period	Rs. _____
15.	Do you wish to opt for higher amounts of Deductible Excess? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, whether i) 2 times <input type="checkbox"/> ii) 5 times <input type="checkbox"/> iii) 10 times <input type="checkbox"/> iv) 20 times <input type="checkbox"/>	

#### AML Guidelines

- I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- I / we are not Politically Exposed Persons \* nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

• **Nationality :** Indian ☐ Non-Indian ☐ If Non-Indian, please specify the Country: \_\_\_\_\_

#### • Type of Organization

Corporations ☐ Governments ☐ Trust Partnership ☐ Non Governmental Organizations ☐ Society ☐  
 Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Company ☐

**PAN card number (Mandatory):**

#### Bank Details

Name of the Account Holder:	<input type="text"/>																														
Name of the Bank:	<input type="text"/>																				Branch:	<input type="text"/>									
Type of Account:	<input type="checkbox"/> SB Account										<input type="checkbox"/> Current Account										Others (Please specify) <input type="text"/>										
Account Number:	<input type="text"/>																														
IFSC Code:	<input type="text"/>																														

#### Declaration:

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer : \_\_\_\_\_

Name & Signature of agent/intermediary : \_\_\_\_\_ Code: \_\_\_\_\_

#### Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of the Proposer : \_\_\_\_\_

Name & Signature of agent/intermediary : \_\_\_\_\_

#### Agent Declaration:

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer)	<input type="text"/>
Name of the specified Person and code	<input type="text"/>
Place: _____ Date: _____ Signature of Agent: _____	

#### Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

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 of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of 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 published prospectus or tables of the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read Policy Wordings carefully, before concluding a sale.**

#### Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

**PLACE :** \_\_\_\_\_

**DATE :**

SIGNATURE OF PROPOSER

NAME & TITLE OF SIGNATORY

### TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013

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IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425