

ERECTION 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. | THE INSURED INTERESTS | |
| | Whose Interests are to be Insured? | <input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-contractor |
| 3. | THE CONTRACT WORKS | |
| | a) Type of main plant | |
| | b) Full description of the Plant & Machinery to be erected, Including Capacity. (Please attach separate sheet, if necessary) | |
| | c) Is this a contract/sub-contract forming part of an over all erection project. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, give name of the project. | |
| | d) Whether to be commissioned independently or with the main plant. | <input type="checkbox"/> Independently <input type="checkbox"/> With Main Plant |
| | e) Have the Plans, Designs and Materials been already tested in any previous erection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | f) Is the installation or part thereof built for the first time | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | g) Are you the manufacturer, importer, buyer or contractor of the installation? | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Buyer <input type="checkbox"/> Contractor |
| | h) Is the property brand new or is it second hand or used one? | <input type="checkbox"/> Brand New <input type="checkbox"/> Second Hand <input type="checkbox"/> Used |
| | i) If second hand or used, state age | |
| | j) Will the erection be carried out by your own personnel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If not, by whom? | |
| | k) Past experience of the Erector | |
| | l) Will any sub-contractors be taking part in the work of Erection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, what is their position as regards this insurance? | |
| 4. | THE CONTRACT SITE | |
| | a) Location of site where the Plant is to be erected? | |
| | b) Nearest Port &/or Railway Station and distance. Note - A complete lay out of the Factory and Site may be enclosed. | |
| | c) i) Are any special risks of floods, fire or Explosion involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | ii) If yes, give details | |
| | d) Distance from nearest river or sea - the names and particulars to be given. | |
| | e) Elevation of Erection Site above normal river or sea level. | |
| | f) Is there any record of the Erection site ever having been submerged during floods? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | g) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|-----------|--|---|
| | STORAGE ARRANGEMENTS | |
| | Brief description of the arrangements made for equipments | |
| | Whether in open or closed premises. | |
| | i) Will there be a watchman on duty round the clock? | |
| | ii) If not, what precautions will be taken against theft, damage etc.? | |
| 5. | THE INSURANCE PERIOD - | |
| | a) Probable date of first shipment or dispatch | |
| | b) Expected date of first arrival at site. | |
| | c) Expected date of last arrival at site. | |
| | d) Probable date of commencement of erection of Plant & machinery | |
| | e) Probable date on which erection of Plant & Machinery is expected to be completed finally. | |
| | f) Duration of testing period included in (g) below. | _____ months |
| | g) Period of Insurance required including from | _____ to _____ test run _____ months |
| 6. | SUM INSURED | |
| | 6.1 a) On landed cost of imported Machinery as at Factory Site - | Rs. _____ i.e. @ Exchange rate _____ (sub divided as under) |
| | i) Invoice Cost | Rs. _____ |
| | ii) Freight, Insurance, Handling, Clearing and Transportation charges upto Factory Site. | Rs. _____ |
| | iii) Customs Duty | Rs. _____ |
| | b) On machinery fabricated or manufactured in India (sub divided as under) | |
| | i) Invoice Cost including insurance, handling and clearing and transporting upto factory site. | Rs. _____ |
| | ii) Freight | Rs. _____ |
| | c) Cost of Foundation relating to (a) & (b) above | Rs. _____ |
| | d) On Cost of Erection, including salaries of all Foreign and Indian Technicians and wages of all skilled and unskilled labour employed at Factory Site during erection. | Rs. _____ |
| | e) On Civil Works | |
| | i) Permanent Civil Engineering Works | Rs. _____ |
| | ii) Temporary works | Rs. _____ |
| | Completely Erected value | Rs. _____ |
| | 6.2 Clearance and Removal of Debris | Rs. _____ |
| | 6.3 Construction Plant and Machinery to be used at the Project Site. (Details as per attached list) | Rs. _____ |
| | 6.4 Insured's own Surrounding Property | Rs. _____ |
| | 6.5 a) On increased replacement value (including duty on such additional replacement value) which may have to be paid on replacement of imported Plant and Machinery as per item 12.1 (a) above. | Rs. _____ |
| | b) On increased replacement value which may have to be paid on replacement of indigenous Plant and Machinery as per item 12.1 (b) above. | Rs. _____ |
| | c) Escalation on 12.1 (d) - | Rs. _____ |
| | - On increased replacement value | Rs. _____ |

| | | |
|--|---|--|
| | - On reconstruction of - | |
| | - Permanent Civil Works | Rs. _____ |
| | - Temporary Works | Rs. _____ |
| | 6.6 Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost | Rs. _____ |
| | 6.7 Additional Customs Duty | Rs. _____ |
| | 6.8 Air Freight | Rs. _____ |
| | 6.9 A). Third Party Liability - | |
| | a) For any one accident | Rs. _____ |
| | b) For all accidents during the period | Rs. _____ |
| | TOTAL SUM INSURED | |
| | B). Cross Liability, if required | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you wish to opt for Higher amounts of deductible excess? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, (specify) | |
| | 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 the name of the Insurance Co. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 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 |
| | Do you require MARINE/TRANSIT Insurance cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, the following questions are to be answered - | |
| | a) Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, equipments, Fire Bricks, Graphite Electrode etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please give their value, description and mode (whether packed in cases or loose) | |
| | a) Do you want cement to be covered? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) If yes, give its value and mode of packing(whether packed in gunny bags or paper bags) | |
| | Please give particulars of voyage for imports. | |
| | What is the limit required - | |
| | a) Per any one shipment? (In case of imports) | |
| | b) Per any one dispatch? (In case of indigenous materials) | |
| | Please state (for Inland Transit) - | |
| | a) How the goods will be transported to site of erection? | <input type="checkbox"/> By Rail <input type="checkbox"/> By Steamer <input type="checkbox"/> By Lorry <input type="checkbox"/> By Country Craft |
| | b) How many Transhipment will be there? | |
| | c) Special hazards, if any, in transporting goods from Station/Port to erection site. | |
| | Do you require War & S.R.C.C. Risk to be cover Overseas/inland transits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you wish to opt for excess under marine/transit losses | <input type="checkbox"/> Yes <input type="checkbox"/> No |

AML Guidelines

1. 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.
2. 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)

Name of the specified Person and code _____

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

24x7 Toll Free No: 1800 266 7780 | Email: customersupport@tataaig.com | Website: www.tataaig.com

IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425