

# PROPOSAL FORM & QUESTIONNAIRE Proposal Form No.: FOR CONTRACTOR'S ALL RISKS INSURANCE

For Official Use Only	
Agent/ Broker Name:	Marketing Officer:
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.	
CLIENT INFORMATION	
Proposer's Name:	
Proposer's Mailing Address:	
City/Town: State:	Pin Code:
Contact No:	
Proposer's trade or business:	
Type of Proposer: Individual Partnership firm Company Govt.	Others
Type of Individual: Salaried Self employed Professional	
Constitution of Business: Non Resident Entity Foreign company registered in India	Foreign LLP Government Department Hindu Undivided Family
LLP Partnership Local Authorities Partnership Private Limited Company	
Customer Type: General EOU/STP/EHTP Government Overseas R	elated parties SEZ Others
Annual Income: (In Rupess):	turn? Yes No Do you own a bank account? Yes No
Date of Birth: DD / MM / Y Y Y Y Country:	PAN Number:
Paid-up capital of the firm (in Rs. million):	Business Sector: Urban Rural
*Registered GST : Yes No (One Policy One Invoice)	
If Yes, then please provide GSTIN:	Address (Registered under GST):
One Policy Multiple Invoice: Yes No [If yes, it can be taken as an Annexure to I	roposal Form as detailed below]
If Yes, then please provide:	
State-wise GSTIN Address	Registered under respective GSTIN
Note: In all above cases, complete address of the customer is required to be taken.	
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CONTACT DETAILS	
CONTACT DETAILS  Contact Person's Name:	
Contact Person's Name:	
Contact Person's Name:	Pin Code:
Contact Person's Name:  Mailing Address:	Pin Code:
Contact Person's Name:  Mailing Address:  City/Town:  State:	
Contact Person's Name:  Mailing Address:  City/Town:  Contact Number (Landline-With STD Code):	
Contact Person's Name:  Mailing Address:  City/Town:  Contact Number (Landline-With STD Code):  Email ID:	
Contact Person's Name:  Mailing Address:  City/Town:  Contact Number (Landline-With STD Code):  Email ID:  RISK DETAILS	
Contact Person's Name:  Mailing Address:  City/Town:  Contact Number (Landline-With STD Code):  Email ID:  RISK DETAILS  1. Information given herein will be treated in strict Confidence.	
Contact Person's Name:  Mailing Address:  City/Town:  Contact Number (Landline-With STD Code):  Email ID:  RISK DETAILS	
Contact Person's Name:  Mailing Address:  City/Town:  Contact Number (Landline-With STD Code):  Email ID:  RISK DETAILS  1. Information given herein will be treated in strict Confidence.  2. Put a (✓) mark wherever applicable.	Mobile Number.
Contact Person's Name:  Mailing Address:  City/Town:  Contact Number (Landline-With STD Code):  Email ID:  RISK DETAILS  1. Information given herein will be treated in strict Confidence.  2. Put a (✓) mark wherever applicable.  Sr. No.  Details	
Contact Person's Name:  Mailing Address:  City/Town:  Contact Number (Landline-With STD Code):  Email ID:  RISK DETAILS  1. Information given herein will be treated in strict Confidence.  2. Put a (✓) mark wherever applicable.	Mobile Number.
Contact Person's Name:  Mailing Address:  City/Town:  Contact Number (Landline-With STD Code):  Email ID:  RISK DETAILS  1. Information given herein will be treated in strict Confidence.  2. Put a (✓) mark wherever applicable.  Sr. No.  Details	Mobile Number.

2.	Name & Address of the Contractor Trade or business	
3.	Name & Address of the Sub Cont- ractor, if any, Trade or Business	
	, , ,	
4.	Period of Insurance	
5.	THE CONTRACT WORKS -	
0.	a) Full description of the Contract	
	b) Please give details of special activities like blasting, excavation,	
	piling work, tunneling, dam construction and the like -	
	Note - A site plan of contract works may be enclosed.	
6.	Is this a contract/Sub-contract forming part of an over all construction project	Yes No
	If yes, give name of the Project	
7.	a) Will the construction be carried out by your own personnel?	
	If not, by whom?	
	b) Past experience of the Contractor	
8.	Will any sub-contractors be taking part in the work of construction?  If yes, what is their position as regards this insurance?	Yes No
9.	THE CONTRACT SITE -	
	Location of Contract site with the nearest port, railway station, water body	
	Note - A complete layout of the site may be enclosed.	
10.	a) Are any Special Risks of one or more of the following involved?	
	<ul> <li>Natural perils like Earthquake-Fire &amp; Shock, Landslide, Rockslide, subsidence, Flood, Inundation</li> </ul>	
	ii) Storm, Tempest, Hurricane, Typhoon, Cyclone	
	iii) Collapse	
	<ul> <li>iv) Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea.</li> </ul>	
	b) Are Foreign Engineers for servicerequired?	Required Non-Required
	c) Are any special risks of floods, fire or explosion involved?  If yes, give details	
	d) Distance from nearest river, lake, reservoir or sea - the names and particulars to be given	1km 1-10km 10-40km 40km
	e) Elevation of construction site above normal river, lake, reservoir or sea level	Terrain condition Flat Hilly & Mountainous
	f) Fire Extinguisher Appliances installed at erection site	Yes No
	g) STFI Peril to be Deletd	Yes No
	h) Experience of Contractor	More than 25 years 15-25 10-15 2-10 Less than 2 Years
	ny Experience of contractor	10 Projects of Similar Kind 5-10 Projects of Similar Kind Less than 5 Project of Similar Kind
	i) Authorized Workshop(0EM availability)	Within 100 Kms Anywhere in India
	j) Is there any record of the construction site ever having been affected by any of the major perils specified in (a) above?	
11.	Give full details regarding geological condition including sub soil	

12.	Brief description of the arrangements made for storage of construction materials and equipments - whether in open or closed premises including the	
	safeguards against theft & burglary	
	Will there be a watch and ward round the clock?     If not, what precautions will be taken against theft, malicious damage etc.	Yes No
13.	THE INSURANCE -	
	<ul> <li>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). Start and end dates of construction to be provided.</li> </ul>	a) months from to
	b) Cover required during maintenance period, if any	a) months from to
	c) Probable date on which construction is expected to be completed	a) months
	d) Period of Insurance required	a) months
		from to
	Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?  If yes, please state name of the Insurance Company.	Yes No
	f) Has this proposal been Declined, withdrawn OR accepted subject to an increase rate or special conditions by any other co.?	Yes No
	Sum Insured	
14.	Contract works -	Yes No
	Note - Please attach schedule of quantities and rates and/or values (Permanent & Temporary works including all materials to be incorporated therein)	
	a) Contract Price	Rs
	b) Materials or items supplied by the Principal	Rs
	c) Any additional items included in (a) and (b) above	Rs
	d) Landed cost of imported items as at construction site	Rs.
	(please specify whether included in (a) and/or (b) above) at Exchange Rate	
	TOTAL VALUE OF CONSTRUCTION	
	i) Construction Plant & Machinery to be used at the construction	Rs
	site (Details as per attached sheet)	
	ii) Clearance & Removal of Debris	Rs.
	iii) Insured's own surrounding property iv) Extra charges for Express Freight (excluding Air Freight)	Rs.
	iv) Extra charges for Express Freight (excluding Air Freight) overtime Sunday & Holiday rates of wages, if required.	115.
	v) On increased Replacement value for item I	Rs (%)
	(a) (b) & (d) above, if required	
	vi) Third Party liability -	
	a) for any one accident	Rs
	b) for all Accidents during the period	Rs
	vii) Any other Add-On that you wish to opt for? Provide details	
15.	Do you wish to opt for higher amounts of Deductible Excess?	Yes No
	If yes, whether	2 times 5 times 10 times 20 times
*Please	attach separate sheets wherever necessary.	
PAYME	NT INFORMATION	
MODE 0	F PAYMENT	
Chec	que/ DD Cheque No.: Demand Dra	
Drawn N	o.:	Dated: DD/MM/YYYY
Bank A/0		igures:
Amount	in Words:	

# I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company. I/we hereby declare and undertake that the amount paid by me/us as premium for the aforementioned policy is out of my/our lawful and declared source of income. I hereby confirm that I am aware that enrolment to this product is purely voluntary and is not linked to me availing of any other facility from the bank. I hereby confirm that the premium towards my insurance cover will not be borne by any third party entity/person(s), with the exception of my spouse, parents, grandparents, children, siblings or employer.

# STATUTORY WARNING

Date: DD/MM/YYYY

Proposer's Signature and Stamp

PROHIBITION OF REBATES.

(Under Section 41 of Insurance Act 1938)

- 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 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 published prospectuses or tables of the Insurer.
- 2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to ten lakh rupees



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com

Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666 • Insurance is the subject matter of solicitation.

IRDA Reg. No. 115. • Engg 04 • CIN: U67200MH2000PLC129408.



# **NEFT/EFT MANDATE FORM**

(Payment through EFT Mechanism)

DRPORATE DETAILS
oup/ Network Name:
ldress:
Landmark: Landma
ty: State: State:
ncode: Pan Card No.:**
N Card Holder's Name:
CCOUNT DETAILS
ink Name:
anch Name:
yee Name:
IRC No.: IFSC Code: IFSC Code:
_
ecount Type:
ame as per Bank Records:

# (Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By (Bank Official Stamp and Authorized Signature)

# Terms and Conditions for Payments through RTGS/NEFT

- 1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein
- 2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
- 3. The Customer agrees that under the RTGS/NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- 4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- 5. The Customer agrees that transaction(s) through RTGS/NEFT facility may attract inward RTGS/NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- 6. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- 7. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- 8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
- 9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- 10. I/We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- 11. I/We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance
- 12. Company Ltd. before the expiry of the notice period of the Customer.
- 13. (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and Stamp of Customer

