



PROPOSAL FORM FOR CONTRACTOR'S PLANT AND MACHINERY INSURANCE

Proposal Form No.: _____

For Official Use OnlyBusiness Sector: Urban ☐ Rural ☐ Social ☐

Agent/ Broker Name: _____ Marketing Officer: _____

Branch Address: _____

Client ID Number: _____ Group ID Number: _____

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information having been withheld by the Proposer or any one acting on his behalf to obtain any benefit under this Policy.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.**SCOPE OF COVER:** This Policy broadly covers loss or damage to the contractor's property due to any cause that is accidental and external in nature.

Cover operates when the insured property is at work or at rest or being dismantled for the purpose of cleaning/overhauling or during subsequent re-erection.

SIGNIFICANT EXCLUSIONS: This Policy does not cover loss or damage due to electrical or mechanical breakdown, replaceable parts, defective lubrication, loss or damage for which supplier or manufacturer is responsible, consequential loss, etc.**Note:** The foregoing is only a broad indication of the cover offered. For details, please refer to the Policy.**CLIENT INFORMATION**

Proposer's Name: _____

Proposer's Mailing Address: _____

City/Town: _____ State: _____ Pin Code: _____

Contact No: _____ Fax No. _____ Email ID: _____

Proposer's trade or business: _____

Paid-up capital of the firm (in Rs. million) _____

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 ☐ Proprietorship ☐ Public Ltd Co ☐ others ☐ _____Customer Type: General ☐ EOU/STP/EHTP ☐ Government ☐ Overseas ☐ Related parties ☐ SEZ ☐ Others ☐ _____*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 Proposal 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.**CONTACT DETAILS**

Contact Person's Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Pin Code: _____

Contact Number (Landline-With STD Code): _____ Mobile Number. _____

Email ID: _____

RISK DETAILS

i. Period of Insurance: From: / / To Midnight: / /

[illegible]

iii. SCHEDULE OF MACHINERY TO BE INSURED

Sr. No.	Location / Site Address	Quantity	Description Type, Model, Capacity of Machine/Serial No. HP/KVA Volts, AMPS, RPM	Maker's Name and Country of Origin	Year of Make	Sum Insured
1	2	3	4	5	6	7

iv. Do the items listed represent the entire machinery used by you at the above location. Yes ☐ No ☐

v. Do you own or use any equipment other than that described above working on the same site? Yes ☐ No ☐

vi. Is any of the equipment now proposed ;

a) licensed for road use? If so, give details	Yes	No

[illegible]

b) covered by any other insurance?	Yes	No	If so give details

[illegible]

vii. a)	Are you the owner of the proposed equipment?	Yes	No	If yes, will you be hiring out?	Yes	No
---------	--	-----	----	---------------------------------	-----	----

b) If the equipment is hired;

i)	Is Insurance your responsibility	Yes	No
----	----------------------------------	-----	----

ii) Is maintenance and operation your responsibility?	Yes	No
---	-----	----

viii. Are the premises where the equipment operates well guarded?	Yes	No
---	-----	----

ix. What is the site condition where the equipment will be utilized?	Yes	No
--	-----	----

a) Are the equipment likely to operate on reclaimed or soft ground? Yes No

b)	Are the equipments likely to operate underground?	Yes	No
----	---	-----	----

c) Are ground conditions such that equipments are exposed to the risk of toppling over?	Yes	No	If so, give details?
---	-----	----	----------------------

[illegible]

d) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities?	Yes	No	If so, give detail and safety precautions taken.
--	-----	----	--

| | | | | | | | | | | | | | | | | | | | | | | | | | | |

x. Will equipment belonging to other contractors operate on the same site? Yes | No

xi. Do you have trained and qualified operators? Are there any statutory rules governing the appointment?	Yes	No
---	-----	----

xii. Which of the equipments are required to be inspected and certified for operation by statutory rules?	Yes	No
---	-----	----

xiii. Is regular periodical inspection of the machinery carried out?	Yes	No
--	-----	----

a) If so, by whom? | | | | | | | | | | | | | | | | | | | | | |

b) At what intervals?

xiv. Are you aware of any defects/ damages existing in the machinery. Yes | No | If so, please give details thereof.

xv. Has your machinery sustained any damage from breakdown or other cause during last 3 years?	Yes	No	If so, give details of damage/s and Repairing cost
--	-----	----	--

xvi. a) Are you at present Insured? Yes | No

b) If so, with whom? | | | | | | | | | | | | | | | | | | | | | |

xvii. Has any Company -

a) declined to insure any of the Machinery now proposed	Yes	No
---	-----	----

b) required an increased premium or imposed special conditions	Yes	No
--	-----	----

c) requested for repairs or made other special stipulations for risk improvement? Yes | No | If so, please give details thereof.\

xviii. Have you made any claim under Contractors' Plant & Machinery Policy? Yes	No	If so, please give details in the following format for the last 3 years?
---	----	--

(attach separate sheet if required)

Policy Period	Details of items damaged	Premium paid	Amount of Loss (Rs.)

3. EXTENSIONS

On payment of additional premium do you wish to cover:

- [illegible]

If yes, please provide the following details:

- i) For any one accident (AOA) Rs.
- ii) For all accident during the period (AOY) Rs.
- h) Do you wish to cover Earthquake (Fire & Shock Perils) Yes ☐ No ☐
- i) Do you wish to cover dismantling of the Plant and Machinery for shifting to new location? Yes ☐ No ☐
- j) Do you wish to cover equipments working underground? Yes ☐ No ☐

k) Do you wish to opt for higher amounts of Deductible Excess which will entitle you to Discounts ranging from 10% to 42.5%?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, whether	i) 2 times <input type="text"/>
	ii) 5 times <input type="text"/>
	iii) 10 times <input type="text"/>
	iv) 20 times <input type="text"/>

I. Do you wish to avail of Higher Excess which would enable you to avail discount in the Earthquake premium alone (for risks in Earthquake Zone I & II) for claims arising out of AOG perils?	
	i) 2 times <input type="text"/>
	ii) 5 times <input type="text"/>
	iii) 10 times <input type="text"/>
	iv) 20 times <input type="text"/>

GUIDE NOTES

1. Each Machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3.
Full description with identification number etc. of each and every equipment with valuation should be declared.
2. The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection costs, customs duty, etc., to afford full protection under the Policy.
3. If any of the Machines is a 'Stand by', this fact should be mentioned.
4. All Portable Machines must be so designated.
5. All items in the open must be so described separately.
6. Transit risks from site to site will be excluded.

[The proposals with Sum Insured more than Rs. 5 crores shall be referred for finalization of special rates, terms and conditions.]

PAYMENT INFORMATION

MODE OF PAYMENT[illegible]

If by Credit Card:

[illegible]**DECLARATION BY PROPOSER**

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 answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

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.

Place: _____ Date: DD / MM / YY YY _____ Proposer's Signature and Stamp _____

STATUTORY WARNING

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 01. • CIN: U67200MH2000PLC129408.

NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

CORPORATE DETAILS

Group/ Network Name:
Address:
City: Landmark:
Pincode: Pan Card No.:** State:
PAN Card Holder's Name:

ACCOUNT DETAILS

Bank Name:
Branch Name:
Payee Name:
MIRC No.: IFSC Code:
Account Type: Full Account No.:
Name as per Bank Records:
Cancel cheque No. **:

(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

- 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.
- 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.
- 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.
- 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.
- 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
- 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.
- 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.
- 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.
- 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.
- 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.
- 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
- Company Ltd. before the expiry of the notice period of the Customer.
- (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



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. • CIN: U67200MH2000PLC129408.