

PROPOSAL & QUESTIONNAIRE FOR MACHINERY BREAKDOWN INSURANCE

Sales Officer : _____

Proposal Form No: _____

Broker/Agent Name : _____

Business Sector : Urban ☐ Rural ☐

Phone No. : _____

Type of Individual : Salaried <input type="checkbox"/> Self employed <input type="checkbox"/> Professional <input type="checkbox"/>	
If entity, Type of entity : Partnership firm <input type="checkbox"/> Company <input type="checkbox"/> Others if other (please specify) _____	
Annual Income : (In Rupees) : _____	
Do you file income tax return ? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you own a bank account ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Birth : ____/____/____ Country : ____/____/____ PAN Number : _____	
The liability of the Company does not commence until acceptance of the proposal has been formally intimated by the Company.	
1. Information given herein will be treated in strict Confidence.	
2. Put a (✓) mark wherever applicable.	
a) Proposer's Name, Trade or Business & Address : _____ _____	
b) Address Where plant to be insured is located : _____ _____	

<p>1. Does your items listed represent the whole of the plant</p> <p>2. a) Are you at present Insured b) If so, with whom ?</p> <p>3. Period of Insurance</p> <p>4. Has this proposal been declined, withdraw or accepted subject to an increased rate or special conditions? If so, the name(s) of the Insurance co (s).</p> <p>5. a) Are you aware of any defects/ damages existing in the machinery? b) If so, give details thereof</p> <p>6. Has your machinery sustained any damage from breakdown or other cause during last 3 years? Provide machine-wise details of the same.</p> <p>7. Are regular periodical inspections of the machinery carried out? Provide details.</p> <p>8. On payment of additional premium do you wish to cover the following?</p> <p>a) Escalation Amount/percentage</p> <p>b) Express Freight (excluding Air Freight), Overtime and Holiday rates of Wages.</p> <p>c) Air Freight</p> <p>d) Owners surrounding property</p> <p>e) Third Party Liability - AOA - AOY</p> <p>f) Additional Customs Duty</p> <p>g) Any Add - On that you wish to OPT for ? Provide details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>From _____ To _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide limits of indemnity</p> <p>Rs. _____ Or % age _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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SCHEDULE OF MACHINERY TO BE INSURED -

- a) Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No.3
- b) 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 erection costs, customs duty, etc., to afford full protection under this Policy.
- c) If any of the Machinery is a 'stand by' this fact should be mentioned.
- d) All portable Machinery must be so designated. All items in the open must be so described separately.

- e) Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required.

Description Type, Model					
Sr. No	Quantity	Capacity of Machine Serial No. HP/KVA Volts, Amps, RPM	Makers Name and country of origin	Year of Make	Sum Insured
(1)	(2)	(3)	(4)	(5)	(6)

*Attach separate sheets wherever necessary.

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.

Place _____

Date _____

Proposer's Signature _____

PROHIBITION OF REBATES –

(Under Section 41 of Insurance Act 1938):

- i) 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.
- ii) Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to five hundred rupees.



Corporate Office : ICICI Lombard General Insurance Company Limited,
Zenith House, Keshavrao Khadye Marg, Opp. Race Course, Mahalaxmi, Mumbai - 400 034.
e-mail: info@icicilombard.com

Insurance is the subject matter of the solicitation. IRDA Reg. No. 115, Misc