

PROPOSAL FORM

INDUSTRIAL ALL RISKS INSURANCE

(The property proposed for Insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty Videocon General insurance Company's Standard Policy Wordings)

COMPANY OFFICE DETAILS (To be filled by insurer)

1. Office Code :

2. Office Address :

City : District :

State : Pin Code :

INTERMEDIARY DETAILS

1. Agent/Broker Name :

2. Agent/Broker License Code :

3. Agent/Broker Contact Number :

PROPOSER DETAILS

1. Name of Proposer :

2. Address of proposer :
 Road : Area :
 City : District :
 State : Pin Code :

3. Business of Proposer :

4. Financial Interest : A.
 B.

5. Location of risk to be covered *
 Road : Area :
 City : District :
 State : Pin Code :

*In case of multiple locations provide the location details in Annexure A

6. Period of Insurance From : To :

7. Whether you have insured the same property with any other Insurance Company with the same type of coverage. Yes No
 If yes furnish the following details
 A. Name of Insurer :

B. Policy Period : From : To :

8. Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details). Yes No
 A. Reason for declinature :
 B. Conditions imposed :

9. Premium / Claim details for the past 5 years excluding the expiring policy period

Year	Premium in Rs	Claims (Paid + outstanding) in Rs
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

Please furnish details of Sum Insured and Premium paid location wise for the past 5 years (if available for 10 years) in Annexure A, Claims Data for each claim be furnished in the format given in Annexure B

DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

A. MATERIAL DAMAGE SECTION

i) General Details

1. Give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed).

1. 2.

3. 4.

2. If used as an Industrial Manufacturing unit, please state whether the factory is Working Silent

3. Fire Protection detection devices installed
 Portable Extinguishers Trailer Pumps/ Fire engines Hydrant System Sprinkle System Fixed Water Spray System Foam systems
 Fire Alarm systems Gas flooding systems Any other, please provide the details
4. A. Construction details - Please state materials used.
 i) Walls RCC Brick Stone or concrete block Wooden Planks
 ii) Floor RCC Brick Stone or concrete block Wooden Planks
 iii) Roof RCC Tiles, cement, Ceramic fuses AC/CGI/AL sheeting
- B. Height of Building (in meters)
- C. Age of Risk less than 25 years More than 25 years but less than 50 years More than 50 years
- D. Physical Security 24 hours Physical Security Fencing Boundary wall CCTV Security Fire Alarm
 (Select more than one option, if applicable)
- E. Occupancy of Surrounding Property
- F. Distance from surrounding Property More than 5 meters Less than 5 meters

ii) Machinery Insurance Details

1. Age of the Equipment Less than 20 years More than 20 years
 2. Design type of the Machinery Standard / Proven Prototype
 3. Presence of Annual Maintenance Contract Yes No
 4. Presence of Inhouse Repair Facility Yes No
 5. Is a Log Book Maintained for the Machinery Yes No
 6. Origin of Equipment Indigenous Machinery Imported Machinery
 7. Is it a New / Second Hand Machinery New Second Hand
 8. Number of Shifts One More than One

B. BUSINESS INTERRUPTION DETAILS

i) Fire loss of Profit (FLOP)

1. Indemnity Period in Months
 2. Basis of Indemnity Turnover Basis Output Basis Difference Basis Revenue Basis
 3. Number of Production lines at Risk location Single Two lines Multiple
 4. Number of shifts for Production One shift Two shifts Three shifts
 5. Type of Plant and Machinery Imported Machinery Indigenous Machinery
 6. Type of Process Machines Custom Made Standard / Off the Shelf
 7. Name and Address of Independent Accountants / Auditors

A. Name of Proposer :

B. Address of Proposer :

Road :

 Area :

City :

 District :

State :

 Pin Code :

ii) Machinery Loss of Profit (MLOP)

1. Do you want to extend Section II (Business Interruption) to Machinery Loss of Profit Yes No
 2. If yes Please provide the following
 A. Indemnity Period in Months
 B. Details of Critical Machinery

Description of Critical Machinery	Relative importance	Reserve Capacity	Spare Parts Available (Y/N)	Number of shifts	Age	Foreign Machinery	Remarks

SUM INSURED DETAILS

A. Material Damage: (Note - Sum Insured should represent Reinstatement Value for all fixed assets, Sum Insured for stocks should be on Market Value basis)

In case of multiple locations kindly provide the information in separate sheet

Sr No	Address of Location	Block No		Description of Risk	Class of Construction	Description	Sum Insured in Rs	Remarks if any
		Main	Communicating					
						Building		
						Plinth & foundation		
						Plant & Machinery		
						FFF		
						Piping		
						Stocks		

B. Business Interruption:

1. Annual Gross Profit (in Rs)
2. Gross Profit for selected indemnity Period

 (If Indemnity Period is other than 12 months)

Not applicable, as indemnity period is 12 months

VOLUNTARY DEDUCTIBLES

Would you like to avail Voluntary Deductibles Yes No

If the answer is yes, indicate the choice of Deductible amount

- A. Material Damage 5% of Claim Amount subject to Rs
- B. Business Interruption (FLOP)

 days of Gross Profit subject to minimum of Rs
- C. Business Interruption (MLOP)

 days of Gross Profit subject to minimum of Rs

ADD ON COVERS REQUIRED

A. MATERIAL DAMAGE ADD ONS

Sr No	Add on cover	Yes / No	Sum Insured (in Rs)
1	Architects, Surveyors and consulting Engineers Fees (in excess of 3% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Debris Removal (in excess of 1% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Deterioration of Stocks in cold storage premises due to accidental power failure consequent to damage at the premises of power station due to an insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Deterioration of stocks in cold storages premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Impact damage due to insured's own Rail / Road vehicles, Forklifts, Cranes, Stackers and the like and articles drop therefrom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Omission to Insure additions, alteration or extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Earthquake(Fire & Shock)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Spoilage Material damage cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Leakage and Contamination cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Loss of rent - Indemnity Period (in Months) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Temporary Removal of Stocks clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Additional expenses of rent for an alternative accommodation Indemnity Period (in Months) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Start-up expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Molten Material Spillage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Material Damage Sum Insured
18	Escalation - <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Express freight (air freight excluded), holiday and overtime rates of wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Air Freight only	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	Surrounding Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	Third Party Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) AOA - 2) AOY -

Note : AOA stands for Any one accident limit, AOY stands for Any one year limit

B. BUSINESS INTERRUPTION ADD ONS

Sr No	Add on cover	Yes / No	Sum Insured (in Rs)
1	Loss due to accidental failure of public electricity/gas/water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Suppliers Premises extension 1) No of Suppliers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2) dependency % <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Customers Premises extension 1) No of Suppliers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2) dependency % <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Auditors fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Lay-off and Retrenchment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Insured's Property Stored at other situations No of locations <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Wages - Prorata basis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Wages - Dual basis Option to consolidate - <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (100% wages) for First <input type="checkbox"/> <input type="checkbox"/> Weeks and <input type="checkbox"/> <input type="checkbox"/> % for Remaining part of indemnity period

PAYMENT DETAILS

1. PAN card number (10 character number) :
2. Sources of funds: Please tick appropriate box
 Salary Business Investments Others (please specify)

Declaration:

- I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- I understand that the Company has the right to call for documents to establish sources of funds.
- The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and Annexure if any are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/ us and the "Liberty Videocon General Insurance Company Limited"

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date : _____ Place : _____

 Signature of Proposer

Recommendations of Officer/ Agent / Broker

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall 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 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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

ANNEXURE A - PREMIUM DATA					
Sr No	Location / Premises	Policy / Perils	Period	Sum Insured (Rs)	Premium (Rs)

ANNEXURE B - CLAIMS DATA		
	Material Damage	Business Interruption
Date of Loss		
Policy Period		
Policy/Peril		
Cause of Loss		
Sum Insured (Rs)		
Amount Assessed by Surveyor (Rs)		
Amount Paid (Rs)		
Deductible		
For Business Interruption Losses please give following additional information:		
Indemnity Period	_____ Months	
Interruption Period	_____ Days	
Time Excess	_____ Days	

INSURANCE IS A SUBJECT MATTER OF SOLICITATION