



BE INSURED... REST ASSURED

IN PARTNERSHIP WITH THE Sanlam GROUP

Corpt. Office : E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur-302022 (Raj.)

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**CONTRACTOR'S PLANT & MACHINERY INSURANCE PROPOSAL FORM**

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid. Information given herein will be treated in strict confidence.

PUT A "✓" TICK MARK WHEREVER APPLICABLE AND ANSWER IN FULL, NO ABBREVIATIONS SHOULD BE USED. (All fields are mandatory and fill in CAPITALS only)

Branch Code  Employee Code  Intermediary Code

**PROPOSER'S DETAILS**

Name of the Proposer's  (First Name)  
 Mr./Ms./Mrs./M/S  (Middle Name)  (Last Name)

Proposer's Trade or Business

Proposer's Postal Address

City

Sate  Pincode

STD CODE

Tel. (Res.)

STD CODE

Tel. (Off.)  Mobile

E-mail

Location of Operation   
(site of property)  
 to be insured

Nearest Railway station and distance \_\_\_\_\_

Name of Financial Institute / Hypothecation \_\_\_\_\_

1.	Do the items listed represent the entire machinery used by you at the above location.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are the machinery located at various locations, in that case, please indicate location-wise details in the list of machinery proposed for insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	In Do you want to cover the machinery on floater basis? (If Yes, provide complete address of risk location(s))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	a) Are you at present Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If so, with whom?		
5.	Has any company -		
	a) Declined to insure any of the Machinery now proposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Required an increased premium or imposed special conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Requested for repairs or made other special stipulations for risk improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	a) Are you aware of any defects/ damages existing in the machinery.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If so, give details thereof		
7.	Do you own or use any equipment other than that described above working on the same site?		
8.	Is any of the equipment now proposed ;		
	a) Licensed for road use? If so, give details		
	b) Covered by any other insurance? If so give details		

9.	a) Are you the owner of the proposed equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If yes, will you be hiring out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) If the equipment is hired;		
	i) Is Insurance your responsibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ii) Is maintenance and operation your responsibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Are the premises where the equipment operates well guarded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	a) What is the site condition where the equipment will be utilized?		
	b) Are the equipment likely to operate on reclaimed or soft ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Do you wish to cover equipments that are likely to operate underground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d) Are ground condition such that equipment are exposed to the risk of toppling over?		
	If so, give details?		
	e) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities?		
	If so, give detail and safety precautions taken.		
12.	Will equipment belonging to other contractors operate on the same site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Do you have trained and qualified operators? Are there any statutory rules governing the appointment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Which of the equipments are required to be inspected and certified for operation by statutory rules?		
15.	a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If so, give details of damage/s and Repairing cost		
16.	a) Is regular periodical inspection of the machinery carried out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If so, by whom and at what intervals?		
17.	Is any plant and machinery proposed for insurance located on barges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, give details		
18.	On payment of additional premium do you wish to cover -		
	If Yes, provide limits of indemnity -		
	a) Express Freight (excluding Airfreight), overtime and Holiday rates of wages	Rs. _____	<input type="checkbox"/> No
	b) Air Freight	Rs. _____	<input type="checkbox"/> No
	c) Owners surrounding property	Rs. _____	<input type="checkbox"/> No
	d) Clearance & Removal of Debris	Rs. _____	<input type="checkbox"/> No
	e) Additional Custom Duty	Rs. _____	<input type="checkbox"/> No
	f) Escalation	Rs. _____	<input type="checkbox"/> No
	g) Third Party Liability -		
	i) For any one accident	Rs. _____	<input type="checkbox"/> No
	ii) For all accident during the period	Rs. _____	<input type="checkbox"/> No
19.	Earth Quake Cover	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Terrorism Cover	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCHEDULE OF MACHINERY TO BE INSURED

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

21. Period of Insurance From  To

Time \_\_\_\_\_ / \_\_\_\_\_ AM/PM Midnight \_\_\_\_\_

22. Premium/Claims Experience details for the preceding 36 months (if any);

Year	Name of Insurance Company	Policy No.	Type of Policy	Premium Amount (in Rs.)	Claim Amount (in Rs.)

**GUIDE NOTES :**

- i. Each machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3. Full description with identification no. Etc. of each and every equipment with valuation should be declared.
- ii. 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.
- iii. If any of the Machines is a 'Stand by' this fact should be mentioned.
- iv. All Portable Machines must be so designated.
- v. All items in the open must be so described separately.
- vi. Transit risks from site to site will be excluded.

**PAYMENT DETAILS**

Cheque  DD  Cash  Pay Order  Any Other (Please Specify) \_\_\_\_\_

Amount (Rs.) \_\_\_\_\_ /- Amount in Words (Rupees \_\_\_\_\_)

Cheque/DD No. \_\_\_\_\_ Cheque/DD Date \_\_\_\_\_ Bank Name & Branch \_\_\_\_\_

## NEFT Payment Details (for Claim Disbursement)

Payee Name: \_\_\_\_\_ Bank A/c No.: \_\_\_\_\_ Bank A/c Type \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

## DECLARATION

I / We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal-cum-schedule forming part of the company's standard policy shall be basis of contract between me/us and the insurance company. I / We further hereby declare that the proposed assets are bought out of legal funds and I / We have an insurable interest in the assets to be insured.

Place

Date

\_\_\_\_\_  
Signature of Proposer  
(In case of firm/company, put Stamp)

## PROHIBITION OF REBATES - 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 provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

Note: For Premium in excess of Rs.1 lacs, the self attested copy of PAN Card duly certified by an authorized person of Shriram General Insurance Co. Ltd. is attached herewith.