

ERECTION ALL RISK INSURANCE (RETAIL) PROPOSAL FORM

IMPORTANT:

1. *Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.*
2. *Insurance is the contract of utmost good faith requiring of the Proposer and 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.*
3. *It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.*
4. *Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.*

FOR OFFICE USE

Intermediary Name: _____ Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

S.No.	Details	Answer
1.	a) Name & Present Address of the Principal Trade or business	
	b) Permanent Address of Principal	
	c) Name & Present Address of the Contractor Trade or business	
	d) Permanent Address of Contractor	
	e) Name & Present Address of the Sub Contractor, if any, Trade or Business	
	f) Permanent Address of Sub Contractor	
	g) CKYC Number (if available)	
2.	I am (please tick all that are applicable)	☐ High Net Worth Individual/s ☐ Non-Residential Indian/s ☐ Politically Exposed Person ☐ Non-Governmental Organisation

	☐ Non-Profit Organisation		
	If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number: _____ ^Non-Profit Organisation means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.		
3.	If you are Differently Abled, please tick on the checkbox to provide confirmation.	☐ Yes ☐ No (If Yes, kindly provide the below details) i. Type of Impairment: _____ ii. Percentage of Impairment: _____ iii. UDID Number: _____	
4.	THE INSURED INTERESTS -		
	Whose Interests are to be Insured?	☐ Principal	☐ Contractor ☐ Sub-contractor
5.	THE CONTRACT WORKS		
	a) Type of main plant		
	b) Full description of the plant & Machinery to be erected, including Capacity. (Please attach separate sheet, if necessary)		
6.	a) Is this a contract/sub-contract forming part of an overall erection project.	☐ YES ☐ NO	
	b) If yes, give name of the project.		
	c) Whether to be commissioned independently or with the main plant.		☐ independently ☐ With Main Plant
7.	a) Have the Plans, Designs and Materials been already tested in any previous erection?	☐ YES ☐ NO	
	b) Is the installation or part thereof built for the first time		☐ YES ☐ NO
	c) Are you the manufacturer, importer, buyer or contractor of the installation?		☐ manufacturer ☐ importer ☐ buyer ☐ contractor
	d) Is the property brand new or is it second hand or used one?		☐ brand new ☐ second hand ☐ used
	e) If second hand or used, state age		
8.	a) Will the erection be carried out by your own personnel? If yes, your past years of experience in similar type of projects?		☐ YES ☐ NO
	b) If not, by whom?		
	c) Past experience of the Erector		

9.	a) Will any sub-contractors be taking part in the work of erection?	☐ YES ☐ NO
	b) If yes, what is their position as regards this insurance?	
10.	THE CONTRACT SITE -	
	a) Location of site where the Plant is to be erected?	
	b) Nearest Port &/or Railway Station and distance.	
	Note - A complete lay out of the Factory and Site may be enclosed.	
11.	a) i) Are any special risks of floods, fire or explosion involved?	☐ YES ☐ NO
	ii) If yes, give details	
	b) Distance from nearest river or sea - the names and particulars to be given.	
	c) Elevation of Erection Site above normal River or sea level	
	d) Is there any record of the Erection site ever having been submerged during floods?	☐ YES ☐ NO
	e) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II	☐ YES ☐ NO
12.	STORAGE ARRANGEMENTS -	
	a) Brief description of the arrangements made for storage of equipments – whether in open or closed premises.	
	b) i) Will there be a watchman on duty round the clock?	
	ii) If not, what precautions will be taken against theft, malicious damage etc.?	
13.	THE INSURANCE PERIOD	
	a) Probable date of first shipment or dispatch	
	b) Expected date of first arrival at site.	
	c) Expected date of last arrival at site.	
	d) Probable date of commencement of erection of Plant & machinery	
	e) Probable date on which erection of Plant & Machinery is expected to be completed finally.	
	f) Duration of testing period included in (g) below.	_____ months

	g) Period of Insurance required including test run _____ months	from _____ to _____
14.	SUM INSURED	
14.1	a) On landed cost of imported machinery as at Factory Site -i.e. @ Exchange rate _____ (sub divided as under)	Rs.
	i. Invoice Cost	Rs.
	ii. Freight, Insurance, Handling, Clearing and Transportation charges upto Factory Site.	Rs.
	iii. Customs Duty	Rs.
	b) On machinery fabricated or manufactured in India (sub divided as under)	
	i. Invoice Cost including insurance, handling and clearing and transporting up to factory Site	Rs.
	ii. Freight	Rs.
	c) Cost of Foundation relating to (a) & (b) above	Rs.
	d) On Cost of Erection, including salaries of all Foreign and Indian Technicians and wages of all skilled and unskilled labour employed at Factory Site during erection.	Rs.
	e) On Civil Works	
	i. Permanent Civil Engineering Works	Rs.
	ii. Temporary works	Rs.
	iii. Completely Erected value	Rs.
14.2	Clearance and Removal of Debris	Rs.
14.3	Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)	Rs.
14.4	Insured's own Surrounding Property	
14.5	a) On increased replacement value (including duty on such additional replacement value) which may have to be paid on replacement of imported Plant and Machinery as per item 12.1 (a) above.	Rs.
	b) On increased replacement value which may have to be paid on replacement of indigenous Plant and Machinery as per item 12.1 (b) above.	Rs.
	c) Escalation on 12.1 (d)	

	- On increased replacement value - On reconstruction of - - Permanent Civil Works -Temporary Works	Rs. Rs. Rs.
14.6	Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost	Rs.
14.7	Additional Customs Duty	Rs.
14.8	Air Freight	Rs.
14.9	a) Third Party Liability – For any one accident For all accidents during the period TOTAL SUM INSURED	Rs. Rs. Rs.
	b) Cross Liability, if required	Rs.
15.	a) Do you wish to opt for Higher amounts of deductible excess? b) If yes, (specify)	☐ YES ☐ NO
16.	a) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?	☐ YES ☐ NO
	b) If yes, please state the name of the Insurance Co.	
17.	Has any such proposal been – a. declined? b. withdrawn? c. accepted subject to an increased rate or special conditions?	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO
18.	Do you require MARINE/TRANSIT Insurance cover If yes, the following questions are to be answered -	☐ YES ☐ NO
	a) Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, Glass equipments, Fire Bricks, Graphite Electrode etc. If yes, please give their value, description and mode of packing (whether packed in cases or loose)	☐ YES ☐ NO
19.	a) Do you want cement to be covered?	☐ YES ☐ NO

	b) If yes, give its value and mode of packing (whether packed in gunny bags or paper bags)	
20.	Please give particulars of voyage for imports.	
21.	a) What is the limit required - Per any one shipment? (In case of imports) b) Per any one dispatch? (In case of indigenous materials)	
22.	Please state (for Inland Transit) – a) How the goods will be transported to site of erection? b) How many Transshipments will be there? c) Special hazards, if any, in transporting goods from nearest Station/Port to erection site.	☐ By Rail ☐ By Steamer ☐ By Lorry ☐ By Country Craft
23.	Do you require War & S.R.C.C. Risk to be covered during Overseas/inland transits?	☐ YES ☐ NO
24.	Do you wish to opt for excess under marine/transit losses	☐ YES ☐ NO
25.	OTHER DETAILS	
i.	Loss history of Proposer for last 3 years	
ii.	Is dewatering facility available at the project site?	☐ YES ☐ NO
iii.	Are Safety measures taken with respect to precipitation, flood and inundation for the project?	☐ YES ☐ NO
iv.	Percentage of project sum insured in hilly terrain?	
v.	Percentage of project sum insured, which is wet risk?	
vi.	Is Fire Protection in place at the project site?	☐ YES ☐ NO
vii.	Does the project include erection of machinery? If YES, a. Is prototype machinery involved? b. Is the machinery imported or indigenous? c. In case of imported machinery, is the repair facility available in India?	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO
26.	Please specify Any Extension/add on cover required, with limits of indemnity required	

ANTI MONEY LAUNDERING

GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

DECLARATION

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.
- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).
- v. I/We consent to
 - a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
 - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
 - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
 - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
 - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box. ☐

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: _____

Intermediary's Code: _____

Intermediary's Signature: _____

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/- The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE

Name of bank account holder (mention specifically, if different from name of policyholder)

Bank Name & Branch	
Bank Account Number	
IFS Code	

NOMINEE DETAILS

Name	
Date of Birth	
Relationship with the proposer	
Mobile Number	
E-Mail ID	
Address of Nominee	
Present address	
Permanent address: (if left blank, will be construed as being same as Present Address)	
Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

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 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 punishable with fine, which may extend to Ten Lakhs Rupees.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800