

general insurance

ERECTION ALL RISKS INSURANCE POLICY

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate CEX (Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

INTERMEDIARY DETAILS						
Name	de					
Branch	de 🔲					
Manager's Name	de Li i i i					
Campaign Name	de Li i i i					
PROPOSER'S DETAILS						
Name of Principal M/s.						
Name of Contractor M/s.						
Name of Sub-Contractor M/s.						
Whose interest is to be insured Principal Contractor	Sub-Contractor					
Contact Person Mr. / Ms						
Communication (Postal) Address						
Pin code						
Contact Nos. Mobile No.						
Residence +91 E-mail ID						
	Duration of:					
	a) Maintenance Period Months					
Paid up Capital	b) Testing Period Months					

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Brief Description of Business/																				
Business Activity																				
	FU	DET		<u>_S (</u>	OF	CC	DN.	TR	RA	СТ	WC	DRI	KS							
				ON		F P			FC	Т	ITE									
							щ													
1) Risk Location Address																				
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SECTION I - MATERIAL DAMAGE

Sum Insured Details for Section I - (Material Damage)

SI. No.	Particulars	Sum Insured	Remarks (Please indicate Breakup of Duty, Freight, if any)
1.	Landed Cost of Imported Machinery including Freight, Duty and other incidental charges		
2.	Landed Cost of Indigenous Machinery including Transportation, Excise Duty and Other incidental charges		
3.	Cost of Erection		
4.	Permanent Civil Engineering Works		
5.	Temporary Civil Engineering Works		
	Total Sum Insured		

Add on Covers - Section I

SI. No.	Particulars	Sum Insured	Remarks
1.	Clearance and Removal of Debris		
2.	Surrounding Property		
3.	Extra Charges for Express Freight		
4.	Extra Charges for Air Freight		
5.	Contractor's Plant and Machinery		
6.	Escalation - Imported Machinery (Specify % in Remarks Column)		

Add on Covers - Section I

SI. No.	Particulars	Sum Insured	Remarks
7.	Escalation - Indigenous Machinery (Specify % in Remarks Column)		
8.	Escalation - Civil Works (Specify % in Remarks Column)		
9.	Additional Customs Duty		
10.	Design Defect Cover (Please mention Yes /No along with details in Remarks column)		
11.	Earthquake Cover (for Zone I & II)		
12.	Cover for offsite storage / fabrication		

SE	ECTION II - THIR	D PARTY LI	ABILITY (OPTI	ONAL)	
Limit of Liability for		Limit			
a) Any One Accident					
b) Any One Year					
Do you wish to cover Terro	rism Damage?	Yes	No		
N	OLUNTARY DE	DUCTIBLE I	DETAILS - SECT		
Do you want to opt for Vol	untary Deductible?	Yes	No		
		In case of Y	'es please select the	e slab mentioned be	low:
Voluntary Deductible Slabs	5		Please Tick		
1) 2 times compulsory exc	ess				
2) 5 times compulsory exc	ess				
3) 10 times compulsory ex	cess				
4) 20 times compulsory ex	cess				
5) 30 times compulsory ex	cess				
6) 40 times compulsory ex	cess				
7) 50 times compulsory ex	cess				
8) 100 times compulsory e	excess				
9) More than 100 times co	mpulsory excess				
	PREMIU	IM PAYMEN	T DETAILS		
Kindly select one	eque D.D.,	/P.O.	Credit Card	Cash	
Cheque/D.D./P.O. no.		Dated		Y	
Bank Name					1

Premium Amount Rs.

DDWWYYYY

Master

Visa

DECLARATION

I / We hereby declare that the statements, answers given by me / us in this proposal form are true to the best of my knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.
If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same would be conveyed to Bharti AXA General Insurance Co. Ltd.
Date:
Place:

PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

- 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 prospectus 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 five hundred rupees.

Insurance is the subject matter of the solicitation.



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BHARTI AXA GENERAL INSURANCE COMPANY LIMITED

RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260100. **Toll Free Helpline:** 1800-103-2292 **E-mail:** customer.service@bharti-axagi.co.in **SMS** <SERVICE> to 5667700 **Website:** www.bharti-axagi.co.in