

CONTRACTOR'S ALL RISKS INSURANCE - PROPOSAL FORM

(Please fill in CAPITALS only)

CUSTOMER INFORMATION*

Customers PAN No.

Name of the Insured (Full Registered Name)

Address of the Insured : Building Name / Block No.

Street Name Locality

Floor No. City Pincode State

Tel. Mobile Fax No.

STD Code

Email

Name of Contact Person

Business of Insured Code

Paid up Capital Up to Rs. 15 Crores Between Rs. 15 and 25 Crores Over Rs. 25 Crores NA

Intermediary Details Broker Agent Dealer Direct Banc assurance

Intermediary Code Intermediary Name

Client Type SME* Corporate* Government PSU Individual Patnership Others

RISK INFORMATION*

| Sr. No. | Details | Answer |
|---------|--|--|
| 1 | Name and Address of the Principal Name and Address of the Main Contractor Name and Address of the Sub Contractor(s) | a) b) c) |
| 2 | Give brief details of contract works | |
| 3 | Details of Construction Site a) Distance from nearest river, lake, reservoir or sea b) Elevation of construction site above normal river, lake, reservoir or sea level c) Is there any record of the construction site ever having been affected by any natural calamity? | |
| 4 | What is the period of insurance required Duration of Maintenance Period | From _____ to _____ months |
| 5 | Please give the break-up of Sum Insured a) Contract Price b) Materials or items supplied by the Principal c) Any additional items not included in(a) and (b) above Landed cost of imported items as at construction site (please specify whether included in (a) and/or (b) above) TOTAL VALUE OF CONSTRUCTION | Rs. Rs. Rs. Rs. |
| 6 | Select Add-on Covers Required Escalation Clearance and Removal of Debris Owner's Surrounding Property Expediting Expenses Additional Customs Duty Air Freight Third Party Liability - a) For any one accident b) For all accidents during the period | Rs. Rs. |

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|---|---|--------------------------|-----|--------------------------|----|
| 7 | Do you wish to opt for Higher amounts of deductible excess? If yes, (specify) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8 | Do you require MARINE/TRANSIT Insurance cover If yes, additional questionnaire for marine transit cover to be filled in | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

PREMIUM DETAILS

Amount Rs. Rupees _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Bank Account No. Bank Name _____

Branch Name & Address _____

DECLARATION BY INSURED

I/ We hereby declare that the statements made by me / us in this Proposal Form 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 Insurer – M/S HDFC ERGO General Insurance Company Ltd.
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.

Place

Date

Signature of Proposer