

PROPOSAL FORM – ERECTION ALL RISKS INSURANCE

CUSTOMER INFORMATION			
Customer PAN No:			
Name of the Insured (Full Registered Name):			
Address of the Insured (Registration address):			
Building Name / Block No:			
Street Name:			
Locality: 000000000000000000000000000000000000			
Floor No:			
Pin code:			
Tel No: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Fax No:			
E-mail address:			
Name of Contact Person:			
Business of Insured: Code \Box			
Paid up Capital: Up to Rs 15 Crores Between Rs 15 and 25 Crores Over Rs 25 C	Crores NA		
Intermediary Details: Broker Agent Dealer Direct Banc assurance			
Intermediary Code Intermediary Name Intermediary Name			
Client Type: SME* Corporate* Government PSU Individual Partnership Others			
RISK DETAILS			
Sl. Details Answer			
1. a) Name & Address of the Principal a)			
b) Name & Address of the Main b) Contractor			
c) Name & Address of the Sub c) Contractor(s)			



2.	Give brief details of contract works	
3.	Is the property second hand or used one? If second hand give details of age, origin, etc. thereof	Brand New Second Hand Used One
4.	Location of site where the Plant is to be erected?	
5.	What is the period of insurance required	FromTo
	Duration of testing period	months
	Duration of Maintenance Period	months
6.	Please give the break-up of Sum Insured	
	Imported Materials (sub divided as under)	
	i) Invoice Cost	Rs
	ii) Freight, Insurance, Handling, Clearing and Transportation charges	Rs
	iii) Customs Duty	Rs
	Indigenous Materials (sub divided as under)	
	i) Invoice Cost.	Rs
	ii) Freight, Insurance, Handling, Clearing and Transportation charges	
	iii) Freight	Rs
	Cost of Erection,	Rs
	Civil Works	
	i) Permanent Civil Engineering Works	Rs
	ii) Temporary works	Rs
	Completely Erected value	Rs
7	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	Rs	
	b) For all accidents during the period	Rs	
8.	Do you wish to opt for Higher amounts of deductible excess? If yes, (specify)	Yes No	
9.	Do you require MARINE/TRANSIT Insurance cover	Yes No	
	If yes, additional questionnaire for marine transit cover to be filled in		
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 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	