

BOILER & PRESSURE VESSEL – COMMERCIAL Proposal Form



WITH YOU ALWAYS

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.)

1. Information given herein will be treated in strict Confidence.

2. Put a (✓) mark wherever applicable.

1. A) Name of the Insured

Mr. / Mrs. / Ms. / M/s. / Dr.

Address of the Insured

City

State Pin Code

Tel.:(O) Fax

Mobile: E-mail

**b) Work Address
(Site of the Property to
be Insured)**

City

State Pin Code

Tel.:(O) Fax

Mobile: E-mail

2. Period of Insurance Proposed

From To

3. Total Sum Insured:

4 A) BOILER AND PRESSURE PLANT -

S.No.	Location	Description – Maker’s Name, Maker’s No., Capacity	Registration Number	Year of Make	Sum Insured

B) Surrounding Property Of The Insured Including Property Held In Trust Or Commission

C) Legal Liabilities To Third Parties

a) Personal Injury

Rs. _____

b) Property Damage

Rs. _____

D) On payment of additional premium do you wish to cover the Following?

If Yes provide Limits of Indemnity

- | | | |
|---|-----------|-----------------------------|
| a) Express freight (excluding airfreight, Overtime and Holiday rates of wages.) | Rs. _____ | <input type="checkbox"/> No |
| b) Airfreight. | Rs. _____ | <input type="checkbox"/> No |
| c) Owner’s Surrounding Property | Rs. _____ | <input type="checkbox"/> No |
| d) Third Party Liability | Rs. _____ | <input type="checkbox"/> No |
| i) Any one Accident | Rs. _____ | <input type="checkbox"/> No |
| ii) Any one Year | Rs. _____ | <input type="checkbox"/> No |
| e) Additional Customs Duty. | Rs. _____ | <input type="checkbox"/> No |

5. a) In case of Boiler, state if it is Water tube type?

a) Yes No

b) If so, what is the evaporative capacity per hour

b) _____

6. State how Boiler is fired, e.g. Oil, Gas Coal or Pulverized fuel.

7. a) Do you wish to include the main steam piping? Yes No
 b) If so, state whether cover required within 20 meters or 100 meters radius of the Boiler 20 m 100 m
8. a) Are all the items in good condition? Yes No
 b) Give particulars of any defects b) _____
9. a) Which items of Plant are subject to periodical Inspection? a) _____
 b) By whom are they inspected, and at what intervals b) _____
 c) Date of last inspection, working pressure approved, and period of such approval (attach copy of last report). c) _____
10. a) What is the maximum load on safety valve per square inch? a) _____
 b) What is the working pressure? b) _____
11. a) Are the Boiler Attendant solely employed on the Boiler Plant? a) Yes No
 b) What are their qualifications? b) _____
 c) What proportion of their time is given to other duties, if not solely employed on the Boiler Plant? c) _____
12. a) Is the Boiler Plant now Insured? Yes No
 b) If so, state name of Insurer and date policy expires b) _____
13. a) Has the Boiler Plant at any time been insured by you? a) Yes No
 b) If so, state name of Insurer and date of policy expired? b) _____
14. In respect of Boiler Insurance, has any Insurer
 a) Permitted withdrawal of or declined any proposal from you? a) Yes No
 OR
 b) Cancelled or refused to renew your policy? b) Yes No
Note - Name of Insurer to be stated.
15. a) Have you ever had an accident to your Boiler Plant? a) Yes No
 b) If so, give full particulars on separate sheet. b) _____
16. Do you have any Boiler Plant in use other than that specified in the schedule? Yes No
17. a) Are any of the Boilers shown in the proposal automatically Controlled? a) Yes No
 b) If so, which ones b) _____
18. a) Is any of the automatically controlled Boilers not under continuous supervision by person competent to operate? a) Yes No
 b) If so which ones b) _____
19. Is Boiler under regular and frequent supervision whilst working? Yes No

Note -
 i) The term 'Boiler' where used in the above schedule includes fittings, integral super heaters and integral economisers but does not include steam or feed water piping, separate super heaters, separate economisers, such items being covered by the Policy only if specifically listed in the schedule.
 ii) Value of the Boiler and/or Pressure Plant older than 20 years must be indicated separately.

AML Guidelines

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

• **Nationality** : Indian Non-Indian If Non-Indian, please specify the Country: _____

• **Type of Organization**

Corporations Governments Trust Partnership Non Governmental Organizations Society
 Trust Cooperatives Section 25 Company International Organization

Bank Details*

Name of the Account Holder:																									
Name of the Bank:																			Branch:						
Type of Account:	<input type="checkbox"/> SB Account	<input type="checkbox"/> Current Account	Others (Please specify) _____																						
Account Number:																									
IFSC Code:																									

Declaration:

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer : _____

Name & Signature of agent/intermediary : _____ Code: _____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of the Proposer : _____

Name & Signature of agent/intermediary : _____

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including a ddendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer)

Name of the specified Person and code _____

Place: _____ Date: _____ Signature of Agent: _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

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 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 prospectus or tables of the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read Policy Wordings carefully, before concluding a sale. Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

PLACE : _____

DATE :

SIGNATURE OF PROPOSER

NAME & TITLE OF SIGNATORY

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013
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IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425