

Comprehensive Project Insurance



WITH YOU ALWAYS

Questionnaire and Proposal for Comprehensive Project Insurance

1. Title of contract (if project consists of several sections, specify section(s) to be insured)	_____	_____
2. Location of erection site Country City, town, village	_____	_____
3. Principal Name and address	_____	_____
4. Main contractor(s) Name(s) and address(es)	_____	_____
5. Subcontractor(s) Name(s) and address(es)	_____	_____
6. Manufacturers of main items Name(s) and address(es)	_____	_____
7. Firm supervising erection Name(s) and address(es)	_____	_____
8. Consulting engineer Name(s) and address(es)	_____	_____
9. Proposer	Please indicate which of the parties Nos.3 to 8 above is the Proposer of the Insurance and which parties are to be declared as Insured in the Policy.	
	Proposer No.	Insured No(s)
10. Exact description of the property to be erected (if second-hand items are to be erected, please state) In case of machines; manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions, year of construction of major units. In case of complete factories; general drawing of plant, nature of civil engineering work (if any).	_____	_____
11. Period of Insurance	Commencement of Insurance	
	Duration of pre-storage	months prior to beginning of erection work
	Commencement of erection work	
	Duration of erection/construction	months
	Duration of testing	weeks

Comprehensive Project (CP) Insurance UNI: IRDAN108P0013V01200607

	Duration of maintenance	months
If maintenance coverage required	Type of coverage required	
	Termination of insurance	
12. Have plans, designs and materials of the kind used in this project been used and/or tested in	a. Previous constructions ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. previous constructions by the contractor(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please give details of similar projects carried out by contractor(s)	
13. Is this an extension of an existing plant ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, will operation of existing plant continue during erection period ? Enclose plans.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Work to be carried out by subcontractors.		
Please also give answers to Nos.16 to 21 as far as information obtainable;		
16. Is there any aggravated risk of fire ? explosion ? If so, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Ground water level		
18. Nearest river, lake, sea, etc. Levels of such river, lake, sea, etc.	Name	distance from site
	Low water	mean water
		highest level recorded
	Mean level of site	
19. Meteorological conditions	Rainy seasons from	to
	Max. rainfall (mm)	per hour per day per month
	Max. wind velocity	storm frequency <input type="checkbox"/> low medium high
20. Hazards of earthquake, volcanism, tsunami	Is there a history of volcanism, tsunami at the site:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have earthquakes, etc. been observed in this area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please site intensity	magnitude
Subsoil conditions	Is the design of the structures to be insured based on regulations regarding earthquake resistant structures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site	
	other types	
	Do geological faults exist in the vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in	a. due to earthquake	b. due to fire
	c. due to other cause (please specify)	
22. Is coverage of construction/ erection equipment (scaffolding, huts, tools,etc.) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Please give brief description and state new replacement value under No.28.3	
23. Is covered of construction/ erection machinery (excavators, cranes, etc.) required ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Please attach list of major machines showing individual new replacement values and state total value.	

<p>24. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under No.28.5.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<p>If so, give exact description of these buildings/structures.</p>																									
<p>25. Is third party liability to be included?</p> <p>If so, give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractor(s) (enclose maps, if possible). State limits under No.28,Section II.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<p>26. Do you wish cover to include extra charges (in case of loss) for</p>																									
<p>express freight, overtime, night work, work on public holidays?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<p>air freight ?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
<p>27. Give details of any special extension of cover required.</p>																									
<p>28. Please state hereunder the amounts the limits of indemnity required (See Policy wording, Section I, Memo 1 and Section II) Section 1 - Material damage</p>																									
<p>Currency: _____</p>																									
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We here declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature.		
The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.		
The Insurers undertake to deal with this information in strict confidence.		
Executed at	Date	Signature

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/Thumb impression 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 addendum(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.

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 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 liable for a penalty which may extend to ten lakh rupees.

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.

Tata AIG General Insurance Company Limited