

# ERECTION ALL RISK INSURANCE - 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)  
Information given herein will be treated in strict Confidence.  
Put a (✓) mark wherever applicable.**

S.No	Details	Answer
<b>1.</b>	a) Name & Address of the Principal Trade or business	a)
	b) Name & Address of the Contractor Trade or business	b)
	c) Name & Address of the Sub Contractor, if any, Trade or Business	c)
<b>2.</b>	<b>THE INSURED INTERESTS</b>	
	Whose Interests are to be Insured?	<input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-contractor
<b>3.</b>	<b>THE CONTRACT WORKS</b>	
	a) Type of main plant	
	b) Full description of the Plant & Machinery to be erected, Including Capacity. (Please attach separate sheet, if necessary)	
	c) Is this a contract/sub-contract forming part of an over all erection project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give name of the project.	
	d) Whether to be commissioned independently or with the main plant.	<input type="checkbox"/> Independently <input type="checkbox"/> With Main Plant
	e) Have the Plans, Designs and Materials been already tested in any previous erection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f) Is the installation or part thereof built for the first time	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g) Are you the manufacturer, importer, buyer or contractor of the installation?	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Buyer <input type="checkbox"/> Contractor
	h) Is the property brand new or is it second hand or used one?	<input type="checkbox"/> Brand New <input type="checkbox"/> Second Hand <input type="checkbox"/> Used
	i) If second hand or used, state age	
	j) Will the erection be carried out by your own personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If not, by whom?	
	k) Past experience of the Erector	
	l) Will any sub-contractors be taking part in the work of Erection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is their position as regards this insurance?	
<b>4.</b>	<b>THE CONTRACT SITE</b>	
	a) Location of site where the Plant is to be erected?	
	b) Nearest Port &/or Railway Station and distance. Note - A complete lay out of the Factory and Site may be enclosed.	
	c) i) Are any special risks of floods, fire or Explosion involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii) If yes, give details	
	d) Distance from nearest river or sea - the names and particulars to be given.	
	e) Elevation of Erection Site above normal river or sea level.	
	f) Is there any record of the Erection site ever having been submerged during floods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	<b>STORAGE ARRANGEMENTS</b>	
	Brief description of the arrangements made for equipments	
	Whether in open or closed premises.	
	i) Will there be a watchman on duty round the clock?	
	ii) If not, what precautions will be taken against theft, damage etc.?	
<b>5.</b>	<b>THE INSURANCE PERIOD -</b>	
	a) Probable date of first shipment or dispatch	
	b) Expected date of <b>first</b> arrival at site.	
	c) Expected date of <b>last</b> arrival at site.	
	d) Probable date of commencement of erection of Plant & machinery	
	e) Probable date on which erection of Plant & Machinery is expected to be completed finally.	
	f) Duration of testing period included in (g) below.	_____ months
	g) Period of Insurance required including from	_____ to _____ test run _____ months
<b>6.</b>	<b>SUM INSURED</b>	
	6.1 a) On landed cost of imported Machinery as at Factory Site -	Rs. _____ i.e. @ Exchange rate _____ (sub divided as under)
	i) Invoice Cost	Rs. _____
	ii) Freight, Insurance, Handling, Clearing and Transportation charges upto Factory Site.	Rs. _____
	iii) Customs Duty	Rs. _____
	b) On machinery fabricated or manufactured in India (sub divided as under)	
	i) Invoice Cost including insurance, handling and clearing and transporting upto factory site.	Rs. _____
	ii) Freight	Rs. _____
	c) Cost of Foundation relating to (a) & (b) above	Rs. _____
	d) On Cost of Erection, including salaries of all Foreign and Indian Technicians and wages of all skilled and unskilled labour employed at Factory Site during erection.	Rs. _____
	e) On Civil Works	
	i) Permanent Civil Engineering Works	Rs. _____
	ii) Temporary works	Rs. _____
	Completely Erected value	Rs. _____
	6.2 Clearance and Removal of Debris	Rs. _____
	6.3 Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)	Rs. _____
	6.4 Insured's own Surrounding Property	Rs. _____
	6.5 a) On increased replacement value (including duty on such additional replacement value) which may have to be paid on replacement of imported Plant and Machinery as per item 12.1 (a) above.	Rs. _____
	b) On increased replacement value which may have to be paid on replacement of indigenous Plant and Machinery as per item 12.1 (b) above.	Rs. _____
	c) Escalation on 12.1 (d) -	Rs. _____
	- On increased replacement value	Rs. _____

- On reconstruction of -			
- Permanent Civil Works	Rs. _____		
- Temporary Works	Rs. _____		
6.6 Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost	Rs. _____		
6.7 Additional Customs Duty	Rs. _____		
6.8 Air Freight	Rs. _____		
6.9 A). Third Party Liability -			
a) For any one accident	Rs. _____		
b) For all accidents during the period	Rs. _____		
<b>TOTAL SUM INSURED</b>			
B). Cross Liability, if required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you wish to opt for Higher amounts of deductible excess?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, (specify)			
a) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) If yes, please state the name of the Insurance Co.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has any such proposal been -			
a) Declined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) Withdrawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c) Accepted subject to an increased rate or special conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you require <b>MARINE/TRANSIT</b> Insurance cover	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, the following questions are to be answered -			
a) Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, equipments, Fire Bricks, Graphite Electrode etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please give their value, description and mode (whether packed in cases or loose)			
a) Do you want cement to be covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) If yes, give its value and mode of packing(whether packed in gunny bags or paper bags)			
Please give particulars of voyage for imports.			
What is the limit required -			
a) Per any one shipment? (In case of imports)			
b) Per any one dispatch? (In case of indigenous materials)			
Please state (for Inland Transit) -			
a) How the goods will be transported to site of erection?	<input type="checkbox"/> By Rail	<input type="checkbox"/> By Steamer	<input type="checkbox"/> By Lorry <input type="checkbox"/> By Country Craft
b) How many Transshipment will be there?			
c) Special hazards, if any, in transporting goods from Station/Port to erection site.			
Do you require War & S.R.C.C. Risk to be cover Overseas/inland transits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you wish to opt for excess under marine/transit losses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**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  Partnership  International Organization  Cooperatives  Section 25 Company

**Bank Details**

Name of the Account Holder: \_\_\_\_\_  
Name of the Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
Type of Account:  SB Account  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 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.

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  
24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com  
IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

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