

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 Partnership Others

Period of Insurance From To

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

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. _____
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

Name of the Bank Account Holder

Bank Account No. Account: Savings Current

Name of Bank Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

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.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

SECTION 41 PROHIBITION OF REBATES

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 of the commission payable or any rebate of the premium shown in 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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ₹ 10 Lakhs.

Place

Date

Signature of Proposer