

ZK - 24-25/v2

Erection All Risks Insurance Proposal Form & Questionnaire

ERI

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

FOR OFFICE USE ONLY

Quote No.*	Quote Date*	Branch Code	Sales Manager Code	Intermediary Code	Intermediary Service RM	Intermediary Branch code	Intermediary business vertical	Intermediary Client Ref. No.	SP Name/Code

PROPOSER/ OWNER'S DETAILS

Proposer's Name*

Proposer's Trade or Business*

Registered Office Address / Permanent Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Is the Communication Address same as the Registered Office Address/ Permanent Address?* Yes No If 'No', please provide below

Communication (Postal) Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Contact No. Email ID GSTIN

For Individual customers, please share below details:

PAN*: / Form 60 (only in case the customer does not have PAN No.) Yes No

GSTIN:

Occupation Business Salaried Professionals Student Housewife Retired Others

Nationality* Indian Non-Indian NRI

Annual Income Upto 2.5 lacs 2.5 - 6 lacs 6 - 10 lacs 10 - 15 lacs 15 - 20 lacs 20 - 25 lacs > 25 lacs

CKYC Identifier / Number (Generated by CERSAI)

Please share the following for authentication purpose:

Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]

PAN Aadhaar Passport Driving Licence Voter ID Card Others (Please specify): _____

For Corporate customers, please share below details:

CKYC Identifier / Number (Generated by CERSAI):

PAN*: GSTIN:

Please share the below details for the Authorised Signatory:

Name: Designation:

CKYC Identifier / Number (Generated by CERSAI):

Any existing policy from Us Yes No If 'Yes', Policy No

Hypothecation Details: Bank Name

ADDITIONAL INSURED'S DETAILS

Contractor's Name *

Address

PIN

Sub contractor's Name *

Address

PIN

PUT A (✓) TICK MARK WHEREVER APPLICABLE:

All the questions to be answered completely. In case of any additional details, kindly enclose the information as an annexure:

1.	THE INSURED INTERESTS Whose interest are to be insured?	Principal <input type="checkbox"/>	Contractor <input type="checkbox"/>	Subcontractor <input type="checkbox"/>
2.	THE CONTRACT WORK			
	a) Full description of the plant & Machinery to be erected, including Capacity. (Please attach separate sheet, if necessary)			
	b) Is this a contract/sub-contract forming part of an overall erection project	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	c) If yes, give name of the project.			
	d) Whether to be commissioned independently or with the main plant	INDEPENDENTLY <input type="checkbox"/>	WITH MAIN PLANT <input type="checkbox"/>	
	e) Is the installation or part thereof built for the first time (If YES please provide details)			
	f) Is the plant and machinery used in erection new or is it second hand or used one? State age of such plant/machinery if second-hand			
	g) Is the project involving tunneling, or sub terrain activity? Please provide detail if YES			
	h) Others (specify)			
	NOTE : A site plan of contract works may be enclosed			
	i) Will the construction be carried out by your own personnel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	ii) If not, by whom ?			
3.	CONTRACTOR DETAILS			
	a. Past experience of the contractor			
	b. Will any sub-contractors be taking part in the work of construction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	c. If yes, what is their position as regards this insurance?			
4.	THE CONTRACT SITE			
	a. Location of contract site			
	b. Nearest port and/or railway station and its distance			
	Note : A complete lay out of the site may be enclosed			
5.	a. Are any special risks of one or more of the following involved?			
	i. Earthquake-fire & shock	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	ii. Landslide/Rockslide/Subsidence	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	iii. Flood/Inundation			
	iv. Storm/Tempest/ Hurricanes/Typhoon/Cyclone	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	v. Collapse			
	vi. Water Damage for 'Wet' risk i.e. contract involving construction in rivers, canals, lakes or sea	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	b. Distance from nearest river, lake, reservoir or sea, the names and particulars to be given			
	c. Elevation of construction site above normal river, lake, reservoir or sea level			
	d. Is there any record of the construction site ever having been affected by any of the major perils specified in (a) above	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
6.	a. Brief description of the arrangements made for storage of construction materials and equipments whether in open or closed premises			
	b. i) Will there be a watch and ward round the clock	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	ii) If not, what precautions will be taken against theft malicious damage etc.?			
	c. i) Is Is this an extension of an existing plant,	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	ii) *Will operation of existing plant continue during erection period? (Enclose plans where available)			
7.	THE INSURANCE			
	a. Estimated construction period excluding maintenance period (cover to commence from the date of first arrival of consignment materials at site, or commencement of work whichever is earlier)	IN MONTHS FROM <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> TO <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
	b. Testing period cover required (In Months)			
	c. Cover required during maintenance period, if any how many months of cover required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	d. Probable date on which construction is expected to be completed	IN MONTHS FROM <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> TO <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

e. Period of Insurance required	IN MONTHS FROM <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> TO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
8. a. Have you approached any other insurance company for insurance cover in respect of this proposal	YES <input type="checkbox"/> NO <input type="checkbox"/>																
b. If yes, please state name of the insurance company																	
9. Has any such proposal been																	
a. declined	YES <input type="checkbox"/> NO <input type="checkbox"/>																
b. withdrawn	YES <input type="checkbox"/> NO <input type="checkbox"/>																
c. accepted subject to an increased rate or special conditions	YES <input type="checkbox"/> NO <input type="checkbox"/>																
10. SUM INSURED :																	
a. Landed Cost of Imported machinery as at Factory site at exchange Rate (sub divided as under)																	
i. Invoice Cost	₹																
ii. Freight insurance, handling, Clearing & forwarding charges upto factory site.	₹																
iii. Customs duty	₹																
b. On machinery fabricated or manufactured in India (sub divided as under)	₹																
i. Invoice cost including insurance, handling clearing and transport, upto Factory site.	₹																
ii. Freight																	
c. 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.																	
d. On Building in which the above Plant and Machinery is to be erected																	
i. Permanent Civil Engineering Works																	
ii. Temporary Works																	
Total Project Cost																	
b. Construction plant & machinery to be used at all the construction sites	₹																
c. Clearance & removal of debris	₹																
d. Insured's own surrounding property	₹																
e. Extra charges for Express Freight Excluding Air Freight, overtime, Sunday & Holiday rates of wages, if required.	₹																
f. Air freight	₹																
g. Escalation (%)																	
h. Third Party Liability																	
i. For any one accident	₹																
ii. For all Accidents during the period																	
j. Any other add-on cover required (Please specify) with limits.																	
Do you wish to opt for higher amount of deductible	2 times <input type="checkbox"/> 5 times <input type="checkbox"/> 10 times <input type="checkbox"/> 20 times <input type="checkbox"/> Any other option <input type="text"/>																

NOMINEE DETAILS (Applicable for individual customers)

Nominee Name*	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Name and Account Details	% of claim share*

***Total % share cannot exceed more than 100%**

Where Nominee is a minor, give details of Appointee

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet if space is not sufficient to complete details.

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature after fully understanding the contents thereof.

Signature / Stamp of the Proposer*

Place* Date*

Signature of Intermediary / Sales Person*

DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

I hereby declare that I _____, am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer

Place* Date*

Signature of Authorised Representative*

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature / Stamp of the Proposer*

Place* Date*

Signature & Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/Sales person*

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)

- 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 punishable with fine, which may extend to Ten Lakhs Rupees.