

CONTRACTOR'S PLANT AND MACHINERY INSURANCE POLICY PROPOSAL FORM

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

Basic Information

| 1. Intermediary Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|--|--|--|--|---|--|--|--|--|--------------------------|-------|-------|-------|-------|---------------------------|--|--|--|--|------------|--|--|--|--|----------|--|--|--|--|-----------------|--|--|--|--|-------------------|--|--|--|--|
| 2. Agent/Broker Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Name of the Proposer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Communication Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Permanent Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Phone Number / Mobile Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Email id | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a. Bank Account Details | <p>Account No.</p> <p>Account Type: Savings/Current</p> <p>Name of the Bank & Branch:</p> <p>MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank):</p> <p>IFSC Code (11 character code appearing on your cheque leaf):</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7b. Nomination: In case of More than 1 Nominee, please attach a separate annexure mentioning all the details of nominees with their share in % | <table border="1"> <thead> <tr> <th>NOMINEE DETAILS</th> <th>1st Nominee</th> <th>2nd Nominee</th> <th>3rd Nominee</th> <th>4th Nominee</th> </tr> </thead> <tbody> <tr> <td>Name of Nominee</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date of Birth of Nominee(In DD/MM/YYYY)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Percentage of Nomination</td> <td>____%</td> <td>____%</td> <td>____%</td> <td>____%</td> </tr> <tr> <td>Relation with the Insured</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mobile No.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Email ID</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Present Address</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Permanent Address</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | NOMINEE DETAILS | 1 st Nominee | 2 nd Nominee | 3 rd Nominee | 4 th Nominee | Name of Nominee | | | | | Date of Birth of Nominee(In DD/MM/YYYY) | | | | | Percentage of Nomination | ____% | ____% | ____% | ____% | Relation with the Insured | | | | | Mobile No. | | | | | Email ID | | | | | Present Address | | | | | Permanent Address | | | | |
| NOMINEE DETAILS | 1 st Nominee | 2 nd Nominee | 3 rd Nominee | 4 th Nominee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Nominee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth of Nominee(In DD/MM/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage of Nomination | ____% | ____% | ____% | ____% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relation with the Insured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Present Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | <p>In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee, as per the 'Nomination' clause defined by the IRDAI and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. For all other persons covered under the Policy, the Proposer will be the nominee</p> | | | | |
| | Bank account details of the nominee | 1st Nominee | 2nd Nominee | 3rd Nominee | 4th Nominee |
| | Account no.: | | | | |
| | Account Type (Saving/Current) | | | | |
| | Name of the Bank & Branch: | | | | |
| | MICR code(9 digit) | | | | |
| | IFSC code(11 character code): | | | | |
| <p>DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)</p> <p>Appointee Name: _____ Relationship with Proposer: _____</p> | | | | | |
| 8. Paid up capital of the firm | | | | | |
| 9. Name of the Insured (Policy to be issued in favor of) | | | | | |
| 10. Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions? | | | | | |

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|--|--|
| 11. Proposed locations of plant & machinery (Generally put in use) | |
| 12. Proposed Districts in which the risk is located | |
| 13. Proposed State in which the risk is located | |
| 14. Pin code of the location of risk | |
| 15. Risk Occupancy | |
| 16. Period of Insurance: Start Date (dd/mm/yyyy). Note: Please ensure that the policy date and time is on or after the date of payment of premium to us. | |

| | |
|--|--|
| 17. Period of Insurance: End date (dd/mm/yyyy) Note: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted. | |
|--|--|

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|-----|---|---|
| 18. | Do the items listed represent the entire machinery used by you at the above location? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | a) Are you at present Insured? | a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) If so, with whom? | b) |
| | Has any company - | |
| | a) Declined to insure any of the Machinery now proposed | a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) Required an increased premium or imposed special conditions | b) <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|-----|---------------------------------------|---|---|
| 20. | c) | Requested for repairs or made other special stipulations for risk improvement? | c) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. | a) | Are you aware of any defects/ damages existing in the machinery? | a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) | If so, give details thereof | b) |
| 22. | Is any of the equipment now proposed: | | |
| | a) | Licensed for road use? If so, give details | a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) | Covered by any other insurance? If so give details | b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. | a) | Are you the owner of the proposed equipment? If yes, will you be hiring out? | a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) | If the equipment is hired; | |
| | | i) Is Insurance your responsibility | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | ii) Is maintenance and operation your responsibility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|-----|---|--|---|
| 24. | Are the premises where the equipment operates well guarded? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. | a) | What is the site condition where the equipment will be utilized? | a) |
| | b) | Are the equipment likely to operate on reclaimed or soft ground? | b) |
| | c) | Are the equipments likely to operate underground? | c) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | d) | Are ground condition such that equipment are exposed to the risk of toppling over? If so, give details? | d) |
| | e) | Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give detail and safety precautions taken. | e) |

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|-----|--|--|--|-----------|
| 26. | Will equipment belonging to other contractors operate on the same site? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 27. | Do you have trained and qualified operators? Are there any statutory rules governing the appointment? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 28. | Which of the equipments are required to be inspected and certified for operation by statutory rules? | | | |
| 29. | a) | Has your machinery sustained any damage from breakdown or other cause during last 3 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b) | If so, give details of damage/s and Repairing cost | b) | |
| 30. | a) | Is regular periodical inspection of the machinery carried out? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b) | If so, by whom and at what intervals? | | |
| 31. | 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rs. _____ |
| | b) | Air Freight | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rs. _____ |
| | c) | Owners surrounding property | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rs. _____ |
| | d) | Clearance & Removal of Debris | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rs. _____ |
| | e) | Additional Custom Duty | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rs. _____ |
| | f) | Escalation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rs. _____ |
| | g) | Third Party Liability - | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | a) | For any one accident | Rs. _____ | |
| | b) | For all accident during the period | Rs. _____ | |

SCHEDULE OF MACHINERY TO BE INSURED –

| S. No | Quantity | Description Type | Model, Capacity of Machine/ Serial No. HP/ KVA Volts, AMPS, RPM | Maker's Name and Country of Origin | Year of Make | Sum Insured |
|-------|----------|------------------|--|------------------------------------|--------------|-------------|
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GUIDE NOTES -

- I. Each Machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3. Full description with identification no. etc. of each and every equipment with valuation should be declared.
- II. The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection costs, customs duty, etc., to afford full protection under the Policy.
- III. If any of the Machines is a 'Stand by' this fact should be mentioned.
- IV. All Portable Machines must be so designated.
- V. All items in the open must be so described separately.
- VI. Transit risks from site to site will be excluded.
- VII. The proposals with Sum Insured more than Rs.5 crores **shall be referred** for finalization of special rates, terms and conditions.

DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

I hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and



RAHEJA QBE GENERAL INSURANCE COMPANY

that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and Raheja QBE.

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract

proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*?
YES / NO

If yes, please give details:..... *Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate.



RAHEJA QBE GENERAL INSURANCE COMPANY

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof. I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer _____

Name of Witness _____

Signature of Proposer _____

Signature of Witness _____

Date: _____ Place: _____

Relationship with Proposer: _____

Address of Witness: _____

Signature(s): _____ Date: _____

Title: _____

INSURANCE ACT 1938, 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 or risk relating to lives or

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED
HEAD OFFICE - WING-A, 501-502, 5th Floor, Fulcrum, IA Project Rd, Sahar Village, Andheri
East, Mumbai, Maharashtra 400059
UIN - IRDAN141RP0003V01200910



RAHEJA QBE GENERAL INSURANCE COMPANY

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 prospectus 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 ten lakh rupees.