

CONTRACTOR'S ALL RISKS INSURANCE POLICY

UIN: IRDAN141RP0016V02200910

PROPOSAL FORM

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

Sl. No.	Details	Answer
1.	a) Name & Communication Address b) Permanent Address c) Trade or business d) Name & Address of the Contractor e) Trade or business f) Name & Address of the Sub Contractor, if any, g) Trade or Business	a) b) c) d) e) f)
1a.	Bank Account Details	Account No. Account Type: Savings/Current Name of the 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):
2.	THE INSURED INTERESTS -	
	Whose Interests are to be Insured?	<input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-contractor
3.	THE CONTRACT WORKS -	

	a) Full description of the Contract		
	b) Please give the following details -		
	i) Building (type of construction, number of storey etc.)		
	ii) Blasting operation		
	iii) Excavation work		
	iv) Pile driving		
	v) Tunneling		
	vi) Dam Construction or diversion of water		
	vii) Others (Specify)		
	Note - A site plan of contract works may be enclosed.		
4.	a) Is this a contract/sub-contract forming part of an over all erection project.	a) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If yes, give name of the project.	b)	
5.	a) Will the construction be carried out by your own personnel?	a) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If not, by whom?	b)	
	c) Past experience of the Contractor	c)	
6.	a) Will any sub-contractors be taking part in the work of construction?	a) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If yes, what is their position as regards this insurance?	b)	
7.	THE CONTRACT SITE -		
	a) Location of Contract site.	a)	
	b) Nearest Port &/or Railway Station and distance.	b)	

	Note - A complete lay out of the Site may be enclosed.		
8.	a) Are any special risks of one or more of the following involved?		
	i) Earthquake-Fire & Shock	i) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	ii) Landslide/Rockslide/ Subsidence	ii) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	iii) Flood/Inundation	iii) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	iv) Storm/Tempest/Hurricane/Typhoon/ Cyclone	iv) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	v) Collapse	v) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	vi) Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea.	vi) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Distance from nearest river, lake, reservoir or sea - the names and particulars to be given.	b)	
	c) Elevation of construction site above normal river or sea level.	c)	
	d) Is there any record of the Construction site ever having been affected by any of the major perils specified in a) above?	d) <input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Give complete full details regarding geological condition including sub soil		
10.	STORAGE ARRANGEMENTS -		
	Brief description of the arrangements made for storage of construction materials and equipment – whether in open or closed premises.		
	i) Will there be a watchman on duty round the clock?	i) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	ii) If not, what precautions will be taken against theft, malicious damage etc.?	ii)	
	THE INSURANCE PERIOD -		

11.	a) Estimated construction period excluding maintenance period (cover to commence from the date of first arrival of consignment material at site or commencement of work whichever is earlier)	a) ____ Months from _____ to _____	
	b) Cover required during maintenance period, if any	b) ____ Months from _____ to _____	
	c) Probable date on which construction is expected to be completed	c) ____ Months from _____ to _____	
	d) Period of Insurance required	d) ____ Months from _____ to _____	
12.	a) Have you approached any other Insurance Company for insurance cover in respect of this Proposal?	a) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If yes, please state the name of the Insurance Company.	b) _____	
15.	Has any such proposal been -		
	a) declined?	a) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) withdrawn?	b) <input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) accepted subject to an increased rate or special conditions?	c) <input type="checkbox"/> Yes	<input type="checkbox"/> No

12.	SUM INSURED –	
	i) Contract works -	
	Note - Please attach schedule of quantities and rates and/or values (Permanent & Temporary works including all materials to be incorporated therein)	
	a) Contract Price	Rs. _____
	b) Materials or items supplied by the Principal	Rs. _____

	c) Any additional items not included in (a) and (b) above	Rs. _____													
	d) Landed cost of imported items as at construction site (please specify whether included in (a) and/or	Rs. _____													
	TOTAL VALUE OF CONSTRUCTION	Rs. _____													
	ii) Construction Plant & Machinery to be used at the construction site (Details as per attached sheet)	Rs. _____													
	iii) Clearance & Removal of Debris	Rs. _____													
	iv) Insured's own surrounding property.	Rs. _____													
	v) Extra charges for Express Freight (excluding Air Freight) overtime Sunday & Holiday rates of wages, if required.	Rs. _____													
	vi) On increased Replacement value for item i) (a) (b) & (d) above, if required	Rs. _____ (.....%)													
	12.9 A). Third Party Liability – a) For any one accident b) For all accidents during the period	a) Rs. _____ b) Rs. _____													
14.	Do you wish to opt for higher amounts of deductible excess?	<input type="checkbox"/> Yes		<input type="checkbox"/> No											
	If yes, (specify).	Rs. _____													
15.	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"> <tr> <td>NOMINEE DETAILS</td><td>1st No mi ne e</td><td>2nd No mi ne e</td><td>3rd No mi ne e</td><td>4th No mi ne e</td></tr> <tr> <td>Name of</td><td></td><td></td><td></td><td></td></tr> </table>				NOMINEE DETAILS	1 st No mi ne e	2 nd No mi ne e	3 rd No mi ne e	4 th No mi ne e	Name of				
NOMINEE DETAILS	1 st No mi ne e	2 nd No mi ne e	3 rd No mi ne e	4 th No mi ne e											
Name of															

	Nomi nee				
	Date of Birth of Nomi nee(I n DD/M M/YY Y)				
	Perce ntage of Nomi natio n	— — _%	— — _%	— — _%	— — _%
	Relati on with the Insur ed				
	Mobil e No.				
	Email ID				
	Prese nt Addre ss				
	Perm anent				

	Address			
	<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	1 st Name	2 nd Name	3 rd Name
		4 th Name		
	Account no.:			
	Account Type (Saving/Current)			
	Name of the Bank & Branch:			
	MICR code(9 digit)			
	IFSC code(11 character code):			
DETAILS OF APPOINTEE (Details to be filled only if				

		nominee is a minor) Appointee Name: _____ Relationship with Proposer: _____
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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 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.

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: _____

A policyholder or prospect, who is a person with disability, may duly authorize a representative to give declaration on his/her behalf.

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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 prospectus 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 lakh rupees.