

## ERECTION ALL RISKS INSURANCE POLICY PROPOSAL FORM



**FUTURE GENERALI**  
TOTAL INSURANCE SOLUTIONS

**Note:** (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
1.	a) Name & Address of the Principal Trade or business	
	b) Name & Address of the Contractor Trade or business	
	c) Name & Address of the Sub Contractor, if any, Trade or Business	
2.	<b>THE INSURED INTERESTS -</b> Whose Interests are to be Insured?	<input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-contractor
3.	<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) Whether to be commissioned independently or with the main plant.	<input type="checkbox"/> independently <input type="checkbox"/> With Main Plant
4.	a) Is this a contract/sub-contract forming part of an overall erection project.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b) If yes, give name of the project.	
	c) Whether to be commissioned independently or with the main plant.	<input type="checkbox"/> independently <input type="checkbox"/> With Main Plant
5.	a) Have the Plans, Designs and Materials been already tested in any previous erection?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b) Is the installation or part thereof built for the first time	<input type="checkbox"/> YES <input type="checkbox"/> NO
	c) 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
	d) 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
	e) If second hand or used, state age	
6.	a) Will the erection be carried out by your own personnel?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b) If not, by whom?	
	c) Past experience of the Erector	
7.	a) Will any sub-contractors be taking part in the work of erection?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b) If yes, what is their position as regards this insurance?	
8.	<b>THE CONTRACT SITE -</b>	
	a) Location of site where the Plant is to be erected?	
	b) Nearest Port &/or Railway Station and distance.	
	<b>Note -</b> A complete lay out of the Factory and Site may be enclosed.	
9.	a) i) Are any special risks of floods, fire or explosion involved?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	ii) If yes, give details	
	b) Distance from nearest river or sea - the names and particulars to be given.	
	c) Elevation of Erection Site above normal River or sea level	
	d) Is there any record of the Erection site ever having been submerged during floods?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	e) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	<b>STORAGE ARRANGEMENTS -</b>	
	a) Brief description of the arrangements made for storage of equipments - whether in open or closed premises.	
	b) i) Will there be a watchman on duty round the clock?	
	ii) If not, what precautions will be taken against theft, malicious damage etc.?	
11.	<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

	<b>g)</b> Period of Insurance required including test run _____ months	from _____ to _____
<b>12.</b>	<b>SUM INSURED</b>	
<b>12.1.</b>	<b>a)</b> On landed cost of imported machinery as at Factory Site - i.e. @ Exchange rate _____ (sub divided as under)	Rs. _____
	i. Invoice Cost	Rs. _____
	ii. Freight, Insurance, Handling, Clearing and Transportation charges upto Factory Site.	Rs. _____
	iii. Customs Duty	Rs. _____
	<b>b)</b> On machinery fabricated or manufactured in India (sub divided as under)	
	i. Invoice Cost including insurance, handling and clearing and transporting up to factory Site	Rs. _____
	ii. Freight	Rs. _____
	<b>c)</b> Cost of Foundation relating to (a) & (b) above	Rs. _____
	<b>d)</b> 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. _____
	<b>e)</b> On Civil Works	
	i. Permanent Civil Engineering Works	Rs. _____
	ii. Temporary works	Rs. _____
	iii. Completely Erected value	Rs. _____
<b>12.2.</b>	Clearance and Removal of Debris	Rs. _____
<b>12.3.</b>	Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)	Rs. _____
<b>12.4.</b>	Insured's own Surrounding Property	
<b>12.5.</b>	<b>a)</b> 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>b)</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. _____
	<b>c)</b> Escalation on 12.1 (d) - On increased replacement value - On reconstruction of - - Permanent Civil Works - Temporary Works	Rs. _____ Rs. _____ Rs. _____ Rs. _____
<b>12.6.</b>	Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost	Rs. _____
<b>12.7.</b>	Additional Customs Duty	Rs. _____
<b>12.8.</b>	Air Freight	Rs. _____
<b>12.9.</b>	<b>a)</b> Third Party Liability - For any one accident For all accidents during the period <b>TOTAL SUM INSURED</b>	Rs. _____ Rs. _____ Rs. _____
	<b>b)</b> Cross Liability, if required	Rs. _____
<b>13.</b>	<b>a)</b> Do you wish to opt for Higher amounts of deductible excess?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b)</b> If yes, (specify)	
<b>14.</b>	<b>a)</b> Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b)</b> If yes, please state the name of the Insurance Co.	
<b>15.</b>	<b>a)</b> Has any such proposal been - declined?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b)</b> withdrawn?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>c)</b> accepted subject to an increased rate or special conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>16.</b>	Do you require <b>MARINE/TRANSIT</b> Insurance cover If yes, the following questions are to be answered -	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>a)</b> Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, Glass equipments, Fire Bricks, Graphite Electrode etc.  If yes, please give their value, description and mode of packing (whether packed in cases or loose)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>17.</b>	<b>a)</b> Do you want cement to be covered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b)</b> If yes, give its value and mode of packing (whether packed in gunny bags or paper bags)	

<b>18.</b>	Please give particulars of voyage for imports.	
<b>19.</b>	What is the limit required - a) Per any one shipment? (In case of imports) b) Per any one dispatch? (In case of indigenous materials)	
<b>20.</b>	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 Transshipments will be there?	
	c) Special hazards, if any, in transporting goods from nearest Station/Port to erection site.	
<b>21.</b>	Do you require War & S.R.C.C. Risk to be covered during Overseas/inland transits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>22.</b>	Do you wish to opt for excess under marine/transit losses	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DECLARATIONS:**

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD

- I/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income OR  
 I/We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. \_\_\_\_\_, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

I/we am/are (please tick all that are applicable)

High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s Non Governmental Organization Film Actor/s Producer/s

**PAYMENT DETAILS:**

Premium paid by Cash / Cheque No \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_

Amount (Rs.) \_\_\_\_\_

**PAN** \_\_\_\_\_ (if premium payable is above Rs.1 lac (Please attach proof)

**Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Proposer's Signature:** \_\_\_\_\_

**For Intermediary Use Only**

**Intermediary's Code:** \_\_\_\_\_ **Intermediary's Name:** \_\_\_\_\_  
**Intermediary's Signature :** \_\_\_\_\_

**SECTION 41. OF INSURANCE ACT, 1938-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 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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

**Future Generali India Insurance Company Limited**

Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013  
Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in

**PREAR01\_Ver\_01**