

## ADVANCE LOSS OF PROFIT INSURANCE POLICY – PROPOSAL FORM

(The property proposed for insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty Videocon General Insurance Company Limited's Standard Policy Wordings)

### COMPANY OFFICE DETAILS (To be filled by insurer)

1. Office Code:
2. Office Address:
- City  District
- State  Pin Code

### INTERMEDIARY DETAILS

1. Agent/ Broker Name:
2. Agent/ Broker License Code:
3. Agent/ Broker Contact Number:

### PROPOSER DETAILS

1. Name of Proposer:
2. Address of Proposer:
- Road  Area
- City  District
- State  Pin Code
3. Business of Proposer
4. Financial Interest

### ADVANCE LOSS OF PROFIT DETAILS

1. Description of Construction / Erection Works to be carried out  


Any existing plant or surrounding property in proposer's possession or care, custody or control on the above site (s) or adjacent to it (them). (Please attach the site layout plan)
2. The project is  The extension of existing work  a new venture
3. Loss or damage to plants or parts thereof adjacent to site and still in operation arising out of the erection activities is likely (and to be covered) to cause any loss of profits  Yes  No  
 If yes, please fill in Machinery Loss of Profits Questionnaire
4. A. Brief description of the process or services; making special mention of bottlenecks (please attach

flow sheet.)

B. Has the method of production or services been employed by the proposer previously?

Yes  No

C. If so, for how many years?

5. Intended normal working hours

Per day  Hours  in shifts

Per week  Hours  in shifts

Per year s ts

6. A Anticipated Gross Profits (Annual turnover less cost of supplies of goods, raw material, electricity, gas, etc) for first year of operation month figures.

B If indemnity period required longer than 12 months

i) Indemnity period required  in months

ii) Gross profit of required period

C In the event that a specific date of completion is not met, is any one-off loss likely to arise

Yes  No

If so, please specify, Date  Amount

Reason

D Are there seasonal events likely to affect the gross profit?

Yes  No

If so, please give details

7. Desired Time Excess

8. Maximum Indemnity period required to be insured

9. Is the additional expenditure caused by using external power supply to be insured?  Yes  No

i) Power requirements of the plant (kW, kWh pa)

ii) Percentage of the requirements met by the Plant's own power generation equipment

iii) Costs of kWh of power drawn from  Own Plant  External Plant

iv) To what extent (kW) may electricity be drawn from an external source?

v) What is the maximum demand charge per kW and within which period is it due?

(Please attach copy of contact)

vi) Annual maximum demand charges

\* Question is only in respect of power generation equipment at the plant to be insured supplying power to this plant and is only to be answered if electricity can be drawn from the public power network in the event of damage to the power generation equipment at the plant to be insured.

10. Time related information

i) Date of inception of CAR/EAR cover

- ii) Date of commencement of work
- iii) Testing period From  To
- iv) Anticipated date of completion ( handover following testing / commissioning
- v) Scheduled date of commencement of insured business
- vi) At which date after completion of testing/commissioning is full production to be reached?

- vii) Is it possible to reduce that period?  Yes  No  
 If so, by which means?

- viii) What allowance exists for delays due to accidents or otherwise?

Please attach phase diagram of construction giving the phasing of the work (date of arrival on site erection, testing, commissioning, handover) regarding all plant sections and major items.

11. Details of any penalty agreements in connection with the contract works

12. Remarks

### PAYMENT DETAILS

1. PAN card number (10 character number):
2. Sources of funds: Please tick appropriate box  
 Salary  Business  Investments  Others ( Please Specify)

#### Declaration:

- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- I understand that the Company has the right to call for documents to establish sources of funds.
- The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

## DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and annexure if any 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 “ Liberty Videocon General Insurance Company Limited’

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.

Date:

Place:

Signature of Proposer

Recommendations of Officer/ Agent / Broker

### Prohibition of Rebates (Section 41) of the Insurance Act

No person shall 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.