

PROPOSAL FOR BOILER AND PRESSURE PLANT INSURANCE

(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'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. Location of risk to be covered
- Road Area
- City District
- State Pin Code
5. Period of Insurance (DD/MM/YYYY) From To

BOILER PRESSURE PLANT DETAILS

1. Boiler Pressure Plant

Sr No	Location	Description – Maker's Name, Maker's No., Capacity	Registration Number	Year of Make	Sum Insured

2. Surrounding Property of the Insured including Property held in Trust or Commission

3. Legal Liabilities to Third Parties

A. Personal Injury Rs

B. Property Damage Rs

4. On payment of additional premium do you wish to cover the following?

A. Express Freight (excluding Airfreight), Overtime and Holiday rates of Wages
Rs

B. Airfreight Rs

C. Owners Surrounding Property Rs

D. Third Party Liability
i) Any One Accident Rs

ii) Any One Year Rs

E. Additional Customs Duty Rs

5. A. In case of boiler, state if it is water tube type? Yes No

C. If so, what is the evaporative capacity per hour.

6. State how boiler is fired e.g Oil, Gas Coal or pulverized fuel

7. A. Do you wish to include main steam piping? Yes No

B. If so, state whether cover required within 20 meters or 100 meters radius of the boiler
 20 m 100 m

8. A. Are all the items in good condition? Yes No

B. Give particulars of any defects

9. A. Which items of Plant are subject to periodical inspection?

B. By whom are they inspected, and at what intervals?

C. Date of last inspection, working pressure approved, and period of such approval (attach copy of last report).

10. A. What is the maximum load on safety valve per square inch?

B. What is the working pressure?

11. A. Are the Boiler Attendants solely employed on the Boiler Plant? Yes No

B. What are their qualifications?

C. What proportion of their time is given to other duties, if not solely employed on the Boiler Plant?

12. A. Is the Boiler Plant now Insured?

Yes No

B. If so, state name of Insurer, and date policy expires.

13. A. Has the Boiler Plant at any time been insured by you?

Yes No

B. If so, state name of Insurer, and date of policy expired?

14. In respect of Boiler Insurance, has any Insurer –

A. Permitted withdrawal of or declined any proposal from you?

Yes No

B. Cancelled or refused to renew your policy?

Yes No

Note - Name of Insurer to be stated

15. Have you ever had an accident to your Boiler Plant?

Yes No

If so, give full particulars on separate sheet.

16. Have you any Boiler Plants in use other than that specified in the schedule?

Yes No

17. Are any of the Boilers shown in the proposal automatically controlled?

Yes No

If so, which ones?

18. Is any of the automatically controlled Boilers not under continuous supervision by person competent to operate it?

Yes No

If so which ones

19. Is Boiler under regular and frequent supervision whilst working?

Yes No

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.