

PROPOSAL FORM

CONTRACTOR'S ALL RISKS INSURANCE POLICY

(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: | <input style="width: 100%;" type="text"/> | | |
| 2. Office Address: | <input style="width: 100%;" type="text"/> | | |
| City | <input style="width: 200px;" type="text"/> | District | <input style="width: 100px;" type="text"/> |
| State | <input style="width: 200px;" type="text"/> | Pin Code | <input style="width: 100px;" type="text"/> |

INTERMEDIARY DETAILS

- | | |
|----------------------------------|--|
| 1. Agent/ Broker Name: | <input style="width: 600px;" type="text"/> |
| 2. Agent/ Broker License Code: | <input style="width: 200px;" type="text"/> |
| 3. Agent/ Broker Contact Number: | <input style="width: 200px;" type="text"/> |

PROPOSER DETAILS

- | | | | |
|-------------------------------|--|----------|--|
| 1. Name of Principal: | <input style="width: 600px;" type="text"/> | | |
| 2. Address of Principal: | <input style="width: 600px;" type="text"/> | | |
| Road | <input style="width: 300px;" type="text"/> | Area | <input style="width: 200px;" type="text"/> |
| City | <input style="width: 300px;" type="text"/> | District | <input style="width: 200px;" type="text"/> |
| State | <input style="width: 300px;" type="text"/> | Pin Code | <input style="width: 200px;" type="text"/> |
| 3. Name of Contractor: | <input style="width: 600px;" type="text"/> | | |
| 4. Address of Contractor: | <input style="width: 600px;" type="text"/> | | |
| Road | <input style="width: 300px;" type="text"/> | Area | <input style="width: 200px;" type="text"/> |
| City | <input style="width: 300px;" type="text"/> | District | <input style="width: 200px;" type="text"/> |
| State | <input style="width: 300px;" type="text"/> | Pin Code | <input style="width: 200px;" type="text"/> |
| 5. Name of Sub-Contractor: | <input style="width: 600px;" type="text"/> | | |
| 6. Address of Sub-Contractor: | <input style="width: 600px;" type="text"/> | | |
| Road | <input style="width: 300px;" type="text"/> | Area | <input style="width: 200px;" type="text"/> |
| City | <input style="width: 300px;" type="text"/> | District | <input style="width: 200px;" type="text"/> |
| State | <input style="width: 300px;" type="text"/> | Pin Code | <input style="width: 200px;" type="text"/> |

7. Insured's Interest Principal Contractor Sub-Contractor

8. Contract Work

A. Full description of the contract.

B. Please give details

i) Building (type of construction, number of storeys, 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.

9. A. Is this a contract/ sub contract forming part of an overall erection project Yes No

B. If yes, give names of the project.

10. A. Will the construction be carried out by your own personnel? Yes No

B. If not, by whom

C. Past experience of Contractor

11. A. Will any sub-contractors be taking part in the work of construction? Yes No

B. If yes, what is their position as regards this insurance?

12. Contract Site

A. Location of Contract Site

B. Nearest Port &/or Railway Station and distance.

Note - A complete lay out of the Site may be enclosed.

13. A Are any special risks of floods, fire or explosion involved?

i) Earthquake-Fire & Shock

ii) Landslide/Rockslide/ Subsidence

iii) Flood/Inundation

iv) Storm/Tempest/Hurricane/Typhoon / Cyclone

v) Collapse

vi) Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea.

B. Distance from nearest river or sea - the names and particulars to be given.

C. Elevation of Construction Site above normal river or sea level.

D. Is there any record of the construction site ever having been affected by any of the major perils

specified in (A) above?

Yes No

14. Give full details regarding geological condition including sub soil

15. Storage Arrangements

A. Brief description of the arrangements made for storage of equipments – whether in open or closed premises

B. i) Will there be a watch and ward round the clock?

Yes No

ii) If not, what precautions will be taken against theft, malicious damage etc.?

16. **Insurance Period**

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)

Months From To

B. Cover required during maintenance period, if any Months From

To

C. Probable date on which construction is expected to be completed.

D. Period of Insurance required

Months From

To

17. A. Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?

Yes No

B. If yes, please state name of the Insurance Company.

1. Has any such proposal been
- A. Declined? Yes No
- B. Withdrawn? Yes No
- C. Accepted subject to an increased rate or special conditions? Yes No

2. Sum Insured

A. Contract Works

Note- Please attach schedule of quantities and rates and/or values (*Permanent & Temporary Works including all materials to be incorporated therein*)

- i) Contract Price Rs
- ii) Materials or items supplied by the Principal Rs
- iii) Additional items not included in (i) and (ii) above Rs
- iv) Landed Cost of imported items as at construction site (please specify whether included in (i) and/or (ii) above) at Exchange Rate

Total Construction Value Rs

B. Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)

Rs

C. Clearance & Removal of Debris

Rs

D. Insured's Own Surrounding Property

Rs

E. Extra charges for Express Freight (excluding Air Freight) overtime Sunday & Holiday rates of Wages, if required.

Rs

F. On increased Replacement value for item (i) (ii) & (iii) above, if required

Rs

G 1) Third Party Liability

i) For any one accident Rs

ii) For all accidents during the period Rs

3. Do you wish to opt for higher amounts of deductible excess Yes No
 If yes specify

PAYMENT DETAILS

1. PAN card number (10 character number):

2. Sources of funds: Please tick appropriate box

Salary Business Investments Others (Please Specify)

Declaration:

1. 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.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. 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 annexures 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.