

PROPOSAL FORM

CONTRACTORS ALL RISKS (CAR) INSURANCE

PROPOSAL FORM

(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.	1. Name & Address of the Principal Trade or business	1.
	2. Name & Address of the Contractor Trade or business	3.
	4. Name & Address of the Sub- Contractor, if any, Trade or Business	1.

THE INSURED INTERESTS -

1. Whose Interests are to be Insured?

Contractor	Sub-contractor	Principal
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2. **THE CONTRACT WORKS -**

1. Full description of the Contract

2. Please give details -

1. Building (type of construction, number of storeys etc.)
2. Blasting operation
3. Excavation work
4. Pile driving
5. Tunneling
6. Dam Construction or diversion of water
7. Others (Specify)

Note - A site plan of contract works may be enclosed.

3. 1. Is this a contract/Sub-contract forming part of an over all construction project Yes No.

2. If yes, give name of the Project

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

2. If not, by whom? b)

3. Past experience of the Contractor

- 2
1. Will any sub-contractors be taking part in the work of construction? Yes No.
2. If yes, what is their position as regards this insurance?

THE CONTRACT SITE -

- 3
1. Location of Contract site a)
2. Nearest port and/or Railway Station and distance.

Note - A complete lay out of the site may be enclosed

- 4
1. Are any Special Risks of one or more of the following involved?
1. Earthquake-Fire & Shock
 2. Landslide/Rockslide/ Subsidence
 3. Flood/Inundation
 4. Storm/Tempest/Hurricane/Typhoon/ Cyclone
 5. Collapse
 6. Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea.
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1. Distance from nearest river, lake, reservoir or sea - the names and particulars to be given b)

1. Elevation of construction site above normal river, lake, reservoir or sea level c)

2. Is there any record of the construction site ever having been affected by any of the major perils specified in (a) above? d)

1. Give full details regarding geological condition including sub soil

1. 1. Brief description of the arrangements made for storage of construction materials and equipments - whether in open or closed premises. a)

2. i) Will there be a watch and ward round the clock? b) (i)

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

2. **THE INSURANCE -**

1. 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) 1. Months
 to
 from

2. Cover required during maintenance period, if any
1. ...
To.....
mo
nth
s,
from.....
3. Probable date on which construction is c) expected to be completed
4. Period of Insurance required d). . . . months,
from..... To.....
5. 1. Have you approached any other Insurance Co. for Insurance cover in respect of this Proposal? Yes No
2. If yes, please state name of the Insurance b) Company.
3. Has any such proposal been -
1. declined? Yes No
2. withdrawn? Yes No
3. accepted subject to an increased rate or special conditions? Yes No
4. 1. Contract works -

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

- | | | |
|----|---|----------------|
| 1. | Contract Price | Rs. |
| 2. | Materials or items supplied by the Principal | Rs. |
| 3. | Any additional items not included in (a) and (b) above | Rs. |
| 4. | Landed cost of imported items as at construction site (please specify whether included in (a) and/or (b) above) | Rs. |
| | at Exchange Rate ----- | |
| | TOTAL VALUE OF CONSTRUCTION . . . | Rs..... |
| 5. | Construction Plant & Machinery to be used at the construction site (Details as per attached sheet) | Rs. |
| 6. | Clearance & Removal of Debris | Rs. |



7. Insured's own surrounding property. Rs.

8. Extra charges for Express Freight (excluding Air Freight) overtime Sunday & Holiday rates of wages, if required. Rs.

9. On increased Replacement value for item i (a) (b) & (d) above, if required Rs. (----- %)

10. Third Party liability -

1. for any one accident Rs.

2. for all accidents during the period Rs.

3. Do you wish to opt for higher amounts of Deductible Excess? Yes No

If yes, whether 1. 2 times 2. 5 times iii) 10 times iv) 20 times

Payment Details

Please fill in your payment details for either Cheque / Credit Card Option

Cheque please pay by crossed cheque (account payee only) in the name of "SBI General Insurance Company Ltd."

Cheque No _____ Bank Name _____



Branch _____ City _____

Dated _____ For Rs. _____

I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

Place.....

Date.....

Proposer's Signature.....

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want my insurance product related information in: Physical Format e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

NSDL Data Management Ltd. CDSL Insurance Repository Ltd. Karvy Insurance Repository Ltd. CAMS Repository Services Ltd.

I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is (If available).

DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/we have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/we have stated herein above is true and correct to the best of my/our knowledge and belief.

Date:

Place:

Signature of the Witness

Signature/Thumb impression of the Proposer

SECTION 41 OF INSURANCE ACT, 1938:

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 or 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 Rupees Ten Lakhs.