

# **SBI General Insurance Company Limited**

Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.

#### **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  $(\sqrt{\ })$  mark wherever applicable.

S. No.		Details		Ansv	wer	
1.	1.	Name & Address of the Principal	1.			
	2.	Name & Address of the Contractor Tra or business	ade 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	]
2.	THE	CONTRACT WORKS -				
	1.	Full description of the Contract				



	2.	Please	give det	ails -	
		1.		g (type of construction, r of storeys etc.)	
		2.	Blasting	g operation	
		3.	Excava	tion work	
		4.	Pile dri	ving	
		5.	Tunnel	ing	
		6.	Dam Co water	onstruction or diversion of	
		7.	Others	(Specify)	
		<b>Note</b> - A si enclosed.	te plan	of contract works may be	
3.		1.	forming	a contract/Sub-contract g part of an over all yes uction project	No.
		2.	If yes, ફ	give name of the Project	
	1		1.	Will the construction be carried out by your own personnel?	No.
			2.	If not, by whom? b)	
			3.	Past experience of thec) Contractor	



2 Yes Will any sub-contractors 1. No. be taking part in the work of construction? 2. If yes, what is theirb) position as regards this insurance? THE CONTRACT SITE -3 1. Location of Contract site a) 2. Nearest port and/orb) and Railway Station distance. Note - A complete lay out of the site may be enclosed 4 1. Are any Special Risks of a) one or more of the following involved? 1. Earthquake-Fire & Shock 2. Landslide/Rockslide/Subsidence Flood/Inundation 3. 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.



1.

2.

		Distance from nearest river, lake, reservoir or sea - the names and barticulars to be given	)			
1.		n of construction site above criver, lake, reservoir or sea level	)			
2.	site eve	any record of the construction dread repairs having been affected by any of or perils specified in (a) above?	)			
1	Give full condition in	details regarding geological cluding sub soil				
		Brief description of the a arrangements made for storage of construction materials and equipments - whether in open or closed premises.	)			
		i) Will there be a watch and ward bround the clock?	) (i)			
1.		what precautions will be taken theft, malicious damage etc.	ii)			
	THE INSURA	NCE -				
1.	mainter from t consign	ncement of work whichever is	rom	1. Months	to	



	2.	Cover required during maintenance period, if any	1.	 no To nth s,	
			from		
	3.	Probable date on which construction is expected to be completed	sc)		
	4.	Period of Insurance required	d) months,		
			from	То	
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 Company.	eb)		
3.	Has any	y 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 Principal	supplied by the Rs	
3.	Any additional items r and (b) above	ot included in (a)	
4.	Landed cost of impo construction site (pleas included in (a) and/or ( at Exchange Rate	se specify whether Rs	
	TOTAL VALUE OF C	DNSTRUCTION Rs	
5.	Construction Plant & Mach the construction site attached sheet)		
6.	Clearance & Removal of De	bris Rs	



	7.	Insured's own surround	ing property.	Rs		
	8.	Extra charges for Expre Air Freight) overtin rates of wages, if re	ne Sunday & Ho	uding liday Rs		
	9.	On increased Replacement i (a) (b) & (d) above		item Rs	(	% )
	10.	Third Party liability -				
	1.	for any one acciden	t	Rs		
	2.	for all accidents du	ring the period	Rs		
3.	Do	you wish to opt for high	er amounts of De	ductible Exces	s?	Yes No
	If y	es, whether	1. 2 times	2. 5 times	lii ) 10 times	iv) 20 times
Payment	Deta	ails				
Please fill	in yo	our payment details for eith	ner Cheque / Credi	t Card Option		
Cheque p .td."	lease	e pay by crossed cheque (ad	ccount payee only)	in the name of	"SBI General Insura	ance Company
Cheque N	In		Bank Name			



Branch	City	
Dated	For Rs	
complete and I/We declare	e and agree that this declarati	statements and particulars are true and ion and the answers given above shall be ract between me/us and the Company.
Place		
Date		Proposer's Signature



KYC DETAILS
PAN:   Form 16:   Aadhaar Card No.:
AML GUIDELINES
I/We hereby confirm that all premiums have been/ will be paid from bona fide 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 source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of
Money Laundering in India.  Nationality: Indian Non-Indian Non-Indian (please specify the Country)
Type of Organisation:
Corporation Government Non-Governmental Organisation Society Trust Partnership
International Organisation Cooperative Section 8 Companies
Signature of the Insured
PART III - DECLARATION BY PROPOSER
I/We hereby declare that the statements made by me/us in this Proposal Form 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 SBI General Insurance Co. Ltd.  I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.  I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).
Date: D D M M Y Y Y Y Place:
Signature of the Proposer
AGENT'S DECLARATION
I,(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of
the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal
Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further
explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions,
furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the
Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.
Licence No
Date: D D M M Y Y Y Y Place: Signature of the Agent:



ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION
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).
<b>DECLARATION</b> (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).
/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 furth
certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.
(Full name of the witness) adult and inhabitant of (Ci
and residing at do hereby certify that I/we have read out and explained the contents of the Proposal Form and all other documents.
ncidental 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 declared 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 declared to available to available the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declared to available to available the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same.
hat whatever I/we have stated herein above is true and correct to the best of my/our knowledge and belief.
Date: D D M M Y Y Y Y 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.

Disclaimer: SBI General Insurance Company Limited I Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. I For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | UIN: Contractors All Risks (CAR) Insurance: IRDAN144CP0008V01201819.