

PROPOSAL FORM

CONTRACTORS PLANT & MACHINERY INSURANCE



The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

Information given herein will be treated in strict confidence.

Put a (☑) tick mark wherever applicable and answer in full, no abbreviations should be used.

PROPOSER'S DETAILS (*mandatory fields)

Salutation ☐ Mr. ☐ Miss ☐ Mrs.

Proposer's Name :

Proposer's Trade or Business :

Proposer's Postal Address :

City : State :

PIN Code : Nationality :

Contact Details : Mobile No.: Email :

PAN* : /Form 60/61 (if Available): ☐ Aadhaar No.:

Location of Operation :
(site of property to be insured)

Nearest Railway station and distance :

Are You or any of the proposed applicants are Politically Exposed Person? Yes ☐ No ☐

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

	Details	Answer
1.	Do the items listed represent the entire machinery used by you at the above location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	a) Are you at present Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, with whom?	
3.	Has any company -	
	a) Declined to insure any of the Machinery now propose	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) Required an increased premium or imposed special conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) Requested for repairs or made other special stipulations for risk improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	a) Are you aware of any defects/ damages existing in the machinery.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If so, give details thereof	
5.	Do you own or use any equipment other than that described above working on the same site?	
6.	Is any of the equipment now proposed ;	
	a) Licensed for road use? If so, give details	
	b) Covered by any other insurance? If so give details	
7.	a) Are you the owner of the proposed equipment? If yes, will you be hiring out?	
	b) If the equipment is hired;	
	i) Is Insurance your responsibility	
	ii) Is maintenance and operation your responsibility?	
8.	Are the premises where the equipment operates well guarded?	

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9.	a) What is the site condition where the equipment will be utilized?																	
	b) Are the equipment likely to operate on reclaimed or soft ground?																	
	c) Are the equipments likely to operate underground?																	
	d) Are ground condition such that equipment are exposed to the risk of toppling over? If so, give details?																	
	e) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give detail and safety precautions taken.																	
10.	Will equipment belonging to other contractors operate on the same site?																	
11.	Do you have trained and qualified operators? Are there any statutory rules governing the appointment?																	
12.	Which of the equipments are required to be inspected and certified for operation by statutory rules?																	
13.	a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	b) If so, give details of damage/s and Repairing cost																	
14.	a) Is regular periodical inspection of the machinery carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	b) If so, by whom and at what intervals?																	
15.	On payment of additional premium do you wish to cover	If Yes, provide limits of indemnity -																
	a) Express Freight (excluding Airfreight), overtime and Holiday rates of wages	₹ _____ <input type="checkbox"/> No																
	b) Air Freight	₹ _____ <input type="checkbox"/> No																
	c) Owners surrounding property	₹ _____ <input type="checkbox"/> No																
	d) Clearance & Removal of Debris	₹ _____ <input type="checkbox"/> No																
	e) Additional Custom Duty	₹ _____ <input type="checkbox"/> No																
	f) Escalation	₹ _____ <input type="checkbox"/> No																
	g) Third Party Liability																	
	i) For any one accident	₹ _____ <input type="checkbox"/> No																
	ii) For all accident during the period	₹ _____ <input type="checkbox"/> No																
16.	Period of Insurance	From <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											

SCHEDULE OF MACHINERY TO BE INSURED –

S. No	Quantity	Description Type, Model, Capacity of Machine/ Serial No. HP/ KVA Volts, AMPS, RPM	Maker's Name and Country of Origin	Year of Make	Sum Insured
(1)	(2)	(3)	(4)	(5)	(6)

GUIDE NOTES -

- I. Each Machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3. Full description with identification no. Etc. of each and every equipment with valuation should be declared.
- II. The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of foundations, erection costs, customs duty, etc., to afford full protection under the Policy.
- III. If any of the Machines is a 'Stand by' this fact should be mentioned.
- IV. All Portable Machines must be so designated.
- V. All items in the open must be so described separately.
- VI. Transit risks from site to site will be excluded.
- VII. The proposals with Sum Insured more than Rs.5 crores shall be referred for finalization of special rates, terms and conditions.

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:

Dated:

Proposer's Signature

SBIGI does not accept Cash for Premium Payments against the Policy.

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

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/ies has/have 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 statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: ☐ Indian ☐ Non-Indian ☐ Non-resident Indian(NRI) ☐ Others

If Non-Indian please specify the nationality and country address

If NRI please give details for resident country and address

Type of Organisation (Only applicable if policy issued on Group Basis):

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. ☐ Yes ☐ No. Customer can submit CKYC form for updation.

Recent photograph of proposer.
(Photograph is required, if customer does not have CKYC ID)

Signature of Proposer

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).

Place:

Dated:

Signature of Proposer

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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.:

Place: _____

Dated:

D	D	M	M	Y	Y	Y	Y
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ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Contactors Plant & Machinery Insurance and related information in: Physical Format ☐ e-Format (electronic) ☐

[illegible]

I would like to apply for eIA with:

NSDL Data Management ☐ CSDL Insurance Repository Ltd ☐ Karvy Insurance Repository Ltd ☐ CAMS Repository Services Ltd ☐

CKYC No (Central Know Your Customer Registry Number), (if available):

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name:

Date:

D	D	M	M	Y	Y	Y	Y
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Kindly visit our website www.sbiqgeneral.in to view the list of KYC OVD (Officially Valid Documents).

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) _____ (Relation with the Proposer/Primary insured)

_____ adult and inhabitant of (city) and residing at _____ do hereby certify that I 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 knowledge and belief.

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Signature of the Witness Insured

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature/Thumb impression of the Proposer

SECTION 41 OF INSURANCE ACT 1938 - PROHIBITION OF REBATES

1. 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 the 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 prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

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AML Declaration as per AML Master Guideline 2022:

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

- Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - "Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company**;
 - "Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **Ten percent of capital or profits of the partnership**.
- Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals**.
- Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

Signature of Policyholder:

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