

PROPOSAL FORM

CONTRACTORS PLANT & MACHINERY INSURANCE (CPM)

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.

a) Proposer's Name	
b) Proposer's Trade or Business	
c) Proposer's Postal Address	
d) Location of Operation (site of property to be insured)	
e) Nearest Railway station and Distance	

- Do the items listed represent the entire machinery used by you at the above location.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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- Are you at present Insured?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 - If so, with whom? b)
- Has any company -
 - Declined to insure any of the Machinery now proposed

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 - Required an increased premium or imposed special conditions

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 - Requested for repairs or made other special stipulations for risk improvement?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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- Are you aware of any defects/ damages existing in the machinery.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 - If so, give details thereof b)
- 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 a)
 - b) Covered by any other insurance? If so give details b)
7. a) Are you the owner of the proposed equipment? If yes, will you be hiring out? a)
 - b) If the equipment is hired;
 - i) Is Insurance your responsibility i)
 - ii) Is maintenance and operation your responsibility? ii)
8. Are the premises where the equipment operates well guarded?
9. a) What is the site condition where the equipment will be utilized? a)
 - b) Are the equipment likely to operate on reclaimed or soft ground? b)
 - c) Are the equipments likely to operate underground? c)
 - d) Are ground condition such that equipment are exposed to the risk of toppling over? If so, give details? d)
 - e) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give detail and safety precautions taken. e)
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



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from breakdown or other cause during last 3 years?

Yes

No

- b) If so, give details of damage/s and b)
Repairing cost

14. a) Is regular periodical inspection of the machinery carried out?

Yes

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

Rs. _____

No

- b) Air Freight

Rs. _____

No

- c) Owners surrounding property

Rs. _____

No

- d) Clearance & Removal of Debris

Rs. _____

No

- e) Additional Custom Duty

Rs. _____

No

- f) Escalation

Rs. _____

No

- g) Third Party Liability -

- i) For any one accident

Rs. _____

- ii) For all accident during the period

Rs. _____

16. Period of Insurance

From

To

SCHEDULE OF MACHINERY TO BE INSURED –

S. No.	Quantity	Description Capacity of No. HP/ KVA	Type, Machine/ Volts, AMPS, RPM	Model, Serial	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.



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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 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 _____

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 statutes, 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:

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:

Place:

Signature of the Agent: _____

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.