

**BOILER & PRESSURE PLANT INSURANCE
PROPOSAL FORM**

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

1. Information given herein will be treated in strict Confidence.
2. Put a (✓) mark wherever applicable.

S. No.	Details	Answer
1.	a) Name & Address of the Proposer	a)
	b) Work Address (Site of the Property to be insured)	b)
2.	a) Period of Insurance -	
	b) From _____ to _____	
3.	Total Sum Insured	
4.	A) BOILER AND PRESSURE PLANT -	

S. No.	Location	Description – Maker’s Name, Maker’s No., Capacity	Registration Number	Year of Make	Sum Insured

**B) SURROUNDING PROPERTY OF THE INSURED INCLUDING PROPERTY HELD IN TRUST
OR COMMISSION**

C) LEGAL LIABILITIES TO THIRD PARTIES

- | | |
|--------------------|-----|
| a) Personal Injury | Rs. |
| b) Property Damage | Rs. |

- | | | If Yes provide Limits of Indemnity Limits | |
|---|--|--|--|
| D) On payment of additional premium do you wish to cover the following? | | | |
| a) Express freight (excluding airfreight), Overtime and Holiday rates of wages. | Rs..... | <input style="width: 60px; height: 20px;" type="text"/> | No |
| b) Airfreight. | Rs..... | <input style="width: 60px; height: 20px;" type="text"/> | No |
| c) Owner's Surrounding Property. | Rs..... | <input style="width: 60px; height: 20px;" type="text"/> | No |
| d) Third Party Liability. | | | |
| i) Any one Accident | Rs..... | <input style="width: 60px; height: 20px;" type="text"/> | No |
| ii) Any one Year | Rs..... | <input style="width: 60px; height: 20px;" type="text"/> | No |
| e) Additional Customs Duty. | Rs..... | <input style="width: 60px; height: 20px;" type="text"/> | No |
| 5. | a) In case of Boiler, state if it is Water tube type? | a) <input style="width: 40px; height: 20px;" type="text"/> | Yes <input style="width: 40px; height: 20px;" type="text"/> No <input style="width: 40px; height: 20px;" type="text"/> |
| | b) If so, what is the evaporative capacity per hour | b) | |
| 6. | State how Boiler is fired, e.g. Oil, Gas Coal or Pulverized fuel. | | |
| 7. | a) Do you wish to include the main steam piping? | <input style="width: 60px; height: 20px;" type="text"/> | Yes <input style="width: 60px; height: 20px;" type="text"/> No <input style="width: 60px; height: 20px;" type="text"/> |
| | b) If so, state whether cover required within 20 meters or 100 meters radius of the Boiler | <input style="width: 60px; height: 20px;" type="text"/> | 20 m <input style="width: 60px; height: 20px;" type="text"/> 100 m <input style="width: 60px; height: 20px;" type="text"/> |
| 8. | a) Are all the items in good condition? | <input style="width: 60px; height: 20px;" type="text"/> | Yes <input style="width: 60px; height: 20px;" type="text"/> No <input style="width: 60px; height: 20px;" type="text"/> |
| | b) Give particulars of any defects. | b) | |
| 9. | a) Which items of Plant are subject to periodical inspection? | a) | |
| | b) By whom are they inspected, and at what intervals? | b) | |
| | c) Date of last inspection, working pressure approved, and period of such approval (attach copy of last report). | c) | |
| 10. | a) What is the maximum load on safety valve per square inch? | a) | |

11. b) What is the working pressure? b)
- a) Are the Boiler Attendant solely employed on the Boiler Plant? Yes No
- b) What are their qualifications? b)
- c) What proportion of their time is given to other duties, if not solely employed on the Boiler Plant? c)
12. a) Is the Boiler Plant now Insured? Yes No
- b) If so, state name of Insurer, and date policy expires. b)
13. a) Has the Boiler Plant at any time been insured by you? a) Yes No
- b) If so, state name of Insurer, and date of policy expired? b)
14. In respect of Boiler Insurance, has any Insurer -
- a) permitted withdrawal of or declined any proposal from you? **OR** a) Yes No
- b) cancelled or refused to renew your policy? b) Yes No
- Note** - Name of Insurer to be stated.
15. a) Have you ever had an accident to your Boiler Plant? a) Yes No
- b) If so, give full particulars on separate sheet. b)
16. Have your any Boiler Plant in use other than that specified in the schedule? Yes No
17. a) Are any of the Boilers shown in the proposal automatically controlled? a) Yes No
- b) If so, which ones? b)
18. a) Is any of the automatically controlled Boilers not under continuous supervision by person competent to operate it? a) Yes No
- b) If so which ones b)
19. Is Boiler under regular and frequent supervision whilst working? Yes No



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.

Proposer's Signature

Place _____

Date _____

Note -

- i) The term 'Boiler' where used in the above schedule includes fittings, integral super heaters and integral economisers but does not include steam or feed water piping, separate super heaters, separate economisers, such items being covered by the Policy only if specifically listed in the schedule.
- ii) Value of the Boiler and/or Pressure Plant older than 20 years must be indicated separately.

KYC DETAILS

PAN:

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 Form 16:

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 Aadhaar Card No.:

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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:

D	D	M	M	Y	Y	Y	Y
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Place:

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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
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 Place:

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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.