



**Latent Defects Insurance Policy (UIN: IRDAN144CP0001V01201819)
Proposal Form**

Authorized Representative Name _____ Contact No _____

You are to provide SBI General Insurance Co. Ltd. with a full disclosure of any and all facts that may be material to our decision to offer a policy or the terms upon which it is to be granted. It is therefore important that on behalf of all proposed Insured persons you answer fully and accurately all of the questions contained in this proposal, that you provide us with any and all information that may be relevant, and you inform us in writing if there is a change in the information provided herein or otherwise between now and the date the Policy is issued.

If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

The issuance of this form by SBI General Insurance Co. Ltd (the Lead Insurer) does not amount to acceptance of the proposal. The actual liability of the Lead Insurer does not commence until this proposal has been accepted by the Lead Insurer through the issuance of the Policy Document and the premium has been paid and realized in full or as agreed upon. If we accept any proposal, it shall be subject to the policy terms, conditions and exclusions.

If insufficient space on this form, please use an attachment page.

1 General Information / Schedule

Name/Project title and location of Project to be Insured (With City name)

Proposed occupation / usage of the Project

Name and address of architect
(please specify extent of Professional Indemnity Cover)

Name and address and status of Contractor / Sub-contractors and contract values
(please specify extent of Professional Indemnity Cover)

Name and address of consulting engineer
(please specify extent of Professional Indemnity Cover)

Is there a financial relationship between architect and proposer / owner other than that arising out of works contracts?

Is there a financial relationship between the architect and the main contractor?

Is there a financial relationship between the architect and consulting engineer?

Form of contract used:

Architect:	under seal	yes / no
Consulting engineer:	under seal	yes / no
Property Developer:	under seal	yes / no
Property Manager:	under seal	yes / no
Main Contractor:	under seal	yes / no

What is the maintenance / defects liability period under the said construction contract (i.e. 12, 18 or 24 months)

Sum Insured of Any One Compound. (Compound - defined as a boundary wall within which several buildings exist)

Is contract fixed price or bill of rates?

Is there a full-time resident engineer on site?

2 Duration of contract works

Expected start date of construction works and contract value

Expected duration of construction / completion date / estimated date of issue of taking over certificate or occupancy certificate.
(Please attach project bar chart)

3 Description of contract works

Description of construction method

Details of ground water conditions

Description of substructure / special measures for waterproofing, seepage, etc.

Description of structure (number of floors, type of frame, cladding, type of roof, etc.)

Geological Characteristics:

Poor Quality (City Situated on the Banks of River, Sea Coast)

Good Quality (City Not Situated on the Banks of River, Sea Coast)

Topography (Please Tick the correct One):

Slope at Site $\geq 5\%$,

Slope at Site $< 5\%$

Water Table (Please Tick the correct One):

≥ 20 Meters

< 20 Meters

Number of Slabs (Storeys) Excluding Basement: _____

Number of basement levels (Please Tick the correct One):

≥ 3 basements

< 3 basements

Load Bearing Structure Type (Please Tick the correct One):

Proven (Eg: Straightforward Rectangular Structures in Sections)

Unproven (Eg: Twisted Buildings, Building tapering towards ground, non-Standard foundations, and buildings with cantilever projections)

Any Special measures for waterproofing

Details of premises to be insured / site history (e.g. subsidence, fill, mining, reclaimed land)

4 Inspection Authority

An insurance survey performed by the Inspection Authority of plans and work on site is an integral part of the insurance policy.

Technical Documents

Soil report	yes / no
Analysis of groundwater attached	yes / no
Plans, specifications, structural calculations and cross sections of the works to be insured	yes / no
Contract conditions attached	yes / no

5 Claims History

Have any major defects after expiry to the Defects Liability Period ever been discovered in a building designed by the Architect? If so, please give details:

Have any major defects after expiry to the Defects Liability Period ever been discovered in a building erected by the main contractor? If so, please give details:

6 Breakdown of total estimated contract value

a) Structural works of the building(s) (i.e. foundations, excavation costs, floors, walls, columns, beams, roofs, etc.)

b) External claddings including glazed curtain walling and non-bearing facings and fixings

c) Windows and drainage systems

d) Sewerage and drainage systems

e) Water distribution systems

f) All other non load-bearing elements of the building, i.e. fittings, floor coverings, decoration, etc.

7 Retained liability by the Insured (Each and Every Loss)

Please indicate amount

NB: The deductible selected will be index linked if the index linking extension is applicable.

8. Please submit the following documents

Plan of the building
Elevation of the building
Isometric View of the building
Website and marketing Brochure of the Developer

9. Additional Endorsements desired :

- Ingress of water from Flat Roof : Sum Insured _____
(Limited: 1% of total Sum Insured any one compound but not exceeding INR 30,000,000)

- Ingress of water from Basement : Sum Insured _____
(Limited: 1% of total Sum Insured any one compound but not exceeding INR 30,000,000)

- Ingress of water from External Facade: Sum Insured _____
(Limited: 1% of total Sum Insured any one compound but not exceeding INR 30,000,000)
{Only for commercial Buildings}

- Floor Tiling in Apartment : Sum Insured _____
(Limited: 1% of total Sum Insured any one compound but not exceeding INR 20,000,000)

- Alternate Rental : Sum Insured _____
(Limited: INR 10,000,000 in aggregate)

10. Any other information relevant to the Project not captured in the questions above _____

Payment Details

Amount: Rs _____
Instrument Type: Cash/ Cheque/ Debit Card/ Credit Card/ Others: Please Specify _____
Cheque/ DD No. _____
Date: _____ Bank Name _____
Branch: _____
Sources of Funds: Salary/ Business/ Others Please Specify _____

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.