

PROPOSAL FORM



SURAKSHA AUR BHAROSA DONO

ERECTION ALL RISKS (EAR) INSURANCE

(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 (✓) mark wherever applicable

OFFICE USE ONLY:

Policy Issuing Office Address:
 Code:

Intermediary/Agent Name:
 Code (if any):

Sales Channel Type: Agency Direct Corporate/Broker Business Sector: Urban Rural Social Others

PROPOSER'S DETAILS (* Mandatory Fields)

1. a) Name of the Principal Trade or business*
Present Address*:
(Current Residing Address)
City: Village:
Gram Panchayat: State:
PIN code: Landmark:

My Present Address is same as Permanent Address

Permanent Address*:
City: Village:
Gram Panchayat: State:
PIN code: Landmark:

Contact Details: Alternate No.:

Gender*: M F Other Marital Status: Married Unmarried Date of Birth*:

b) Name of the Contractor Trade or business*
Present Address*:
(Current Residing Address)
City: Village:
Gram Panchayat: State:
PIN code: Landmark:

My Present Address is same as Permanent Address

Permanent Address*:
City: Village:
Gram Panchayat: State:
PIN code: Landmark:

Gender*: M F Other Marital Status: Married Unmarried Date of Birth*:

c) Name of the Sub Contractor if any, Trade or business*
Present Address*:
(Current Residing Address)
City: Village:
Gram Panchayat: State:
PIN code: Landmark:

Note (*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th 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. | 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. | Erection All Risks (EAR) Insurance, UIN: IRDAN144RP0005V01201011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

My Present Address is same as Permanent Address

Permanent Address*:

City:

Village:

Gram Panchayat:

State:

PIN code:

Landmark:

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

Gender*: M F Other Marital Status: Married Unmarried Date of Birth*:

3. The Insured Interests -

Whose Interests are to be Insured? Principal Contractor Sub-contractor

4.	The contract works	
	a) Type of main plant	
	b) Full description of the Plant & Machinery to be erected, including Capacity. (Please attach separate sheet, if necessary)	
5.	a) Is this a contract/sub-contract forming part of an over all erection project.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, give name of the project.	
	c) Whether to be commissioned independently or with the main plant.	independently <input type="checkbox"/> With Main Plant <input type="checkbox"/>
6.	a) Have the Plans, Designs and Materials been already tested in any previous erection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Is the installation or part thereof built for the first time	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Are you the manufacturer, importer, buyer or contractor of the installation?	Mfrer <input type="checkbox"/> Importer <input type="checkbox"/> Buyer <input type="checkbox"/> Contractor <input type="checkbox"/>
	d) Is the property brand new or is it second hand or used one?	Brand New <input type="checkbox"/> Second Hand <input type="checkbox"/> Used One <input type="checkbox"/>
	e) If second hand or used, state age	
7.	a) Will the erection be carried out by your own personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If not, by whom?	
	c) Past experience of the Erector	
8.	a) Will any sub-contractors be taking part in the work of erection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, what is their position as regards this insurance?	
9.	The contract site	
	a) Location of site where the Plant is to be erected?	
	b) Nearest Port &/or Railway Station and distance.	
	Note - A complete lay out of the Factory and Site may be enclosed.	
10.	a) i) Are any special risks of floods, fire or explosion involved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	ii) If yes, give details	
	b) Distance from nearest river or sea - the names and particulars to be given.	
	c) Elevation of Erection Site above normal River or sea level.	
	d) Is there any record of the Erection site ever having been submerged during floods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	e) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Storage arrangements	
	a) Brief description of the arrangements made for storage of equipments whether in open or closed premises.	

	b) i) Will there be a watchman on duty round the clock?	
	ii) If not, what precautions will be taken against theft, malicious damage etc.?	
12.	The insurance period	
	a) Probable date of first shipment or dispatch	
	b) Expected date of first arrival at site	
	c) Expected date of last arrival at site	
	d) Probable date of commencement of erection of Plant & Machinery	
	e) Probable date on which erection of Plant & Machinery is expected to be completed finally.	
	f) Duration of testing period included in (g) below.	<input type="text"/> Months
	g) Period of Insurance required including test run _____ months	from <input type="text"/> To <input type="text"/>
	SUM INSURED	
12.1	a) On landed cost of imported machinery as at Factory Site - i.e. @ Exchange rate _____ (sub divided as under)	Rs. <input type="text"/>
	i) Invoice Cost	Rs. <input type="text"/>
	ii) Freight, Insurance, Handling, Clearing and Transportation charges upto Factory Site.	
	iii) Customs Duty	Rs. <input type="text"/>
	b) On machinery fabricated or manufactured in India (sub divided as under)	
	i) Invoice Cost including insurance, handling and clearing and transporting upto factory Site.	Rs. <input type="text"/>
	ii) Freight	Rs. <input type="text"/>
	c) Cost of Foundation relating to (a) & (b) above	Rs. <input type="text"/>
	d) On Cost of Erection, including salaries of all Foreign and Indian Technicians and wages of all skilled and unskilled labour employed at Factory Site during erection.	Rs. <input type="text"/>
	e) On Civil Works	
	i) Permanent Civil Engineering Works	Rs. <input type="text"/>
	ii) Temporary works	Rs. <input type="text"/>
	iii) Completely Erected value	Rs. <input type="text"/>
12.2	Clearance and Removal of Debris)	Rs. <input type="text"/>
12.3	Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)	Rs. <input type="text"/>
12.4	Insured's own Surrounding Property	Rs. <input type="text"/>
12.5	Insured's own Surrounding Property	Rs. <input type="text"/>
	a) On increased replacement value (including duty on such additional replacement value) which may have to be paid on replacement of imported Plant and Machinery as per item 12.1 (a) above.	
	b) On increased replacement value which may have to be paid on replacement of indigenous Plant and Machinery as per item 12.1 (b) above.	Rs. <input type="text"/>
	c) Escalation on 12.1 (d) -	
	- On increased replacement value	Rs. <input type="text"/>
	- On reconstruction of Permanent Civil Works	Rs. <input type="text"/>
	- Temporary Works	Rs. <input type="text"/>
12.6	Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost	Rs. <input type="text"/>
12.7	Additional Customs Duty	Rs. <input type="text"/>
12.8	Air Freight	Rs. <input type="text"/>
12.9	A) Third Party Liability	
	i) For any one accident	Rs. <input type="text"/>
	ii) For all accidents during the period	Rs. <input type="text"/>

	Total Sum Insured	Rs. <input type="text"/>
	B) Cross Liability, if required	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Do you wish to opt for Higher amounts of deductible excess? If yes, (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	a) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal? If yes, please state the name of the Insurance Co.	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Has any such proposal been	
	a) declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) withdrawn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) accepted subject to an increased rate or special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Do you require MARINE/TRANSIT Insurance cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, the following questions are to be answered -	
	a) Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, Glass equipments, Fire Bricks, Graphite Electrode etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please give their value, description and mode of packing (whether packed in cases or loose)	
17	a) Do you want cement to be covered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, give its value and mode of packing(whether packed in gunny bags or paper bags)	
18	Please give particulars of voyage for imports.	
19	What is the limit required -	
	a) Per any one shipment? (In case of imports)	
	b) Per any one dispatch? (In case of indigenous materials)	
20	Please state (for Inland Transit) -	
	a) How the goods will be transported to site of erection?	By Rai <input type="checkbox"/> By Steamer <input type="checkbox"/> By Lorry <input type="checkbox"/> By Country Craft <input type="checkbox"/>
	b) How many Transhipments will be there?	
	c) Special hazards, if any, in transporting goods from nearest Station/Port to erection site.	
21	Do you require War & S.R.C.C. Risk to be covered during Overseas/inland transits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22	Do you wish to opt for excess under marine/transit losses	Yes <input type="checkbox"/> No <input type="checkbox"/>
23	Are You or any of the proposed applicants are Politically Exposed Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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.	

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

NOMINEE DETAILS*:

Nominee 1

*Name:	<input type="text"/>
*Relationship with Nominee:	<input type="text"/> *Date of Birth of Nominee: <input type="text"/>
*Mobile no.:	<input type="text"/> Email: <input type="text"/>
Percent of Claim Payable:	<input type="text"/>
Permanent Address:	<input type="text"/>
Bank details of nominee:	<input type="text"/>
Bank Name:	<input type="text"/> Branch Name: <input type="text"/>
Bank Account Number:	<input type="text"/> IFSC Code: <input type="text"/>

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*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Name:

*Relationship with Nominee: *Date of Birth:

Bank details of Appointee:

Bank Name: Branch Name:

Bank Account Number: IFSC Code:

Nominee 2

*Name:

*Relationship with Nominee: *Date of Birth of Nominee:

*Mobile no.: Email:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee:

Bank Name: Branch Name:

Bank Account Number: IFSC Code:

*Where Nominee is a minor, please give the details of Appointee/Authorized person.

*Name:

*Relationship with Nominee: *Date of Birth:

Bank details of Appointee:

Bank Name: Branch Name:

Bank Account Number: IFSC Code:

Note (*) marked fields are mandatory

PAYMENT DETAILS*

Premium Amount ₹ Cheque No./ Pay Ref. No.: Date:

Premium payment option: Cheque DD Debit Card / Credit Card EFT

Bank Name: Branch Name:

IFSC Code: Bank Account No

Card Details*: Master Visa Others Card No* Expiry Date*

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

BANK ACCOUNT DETAILS FOR PROCESS OF REFUND*:

Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder:

Bank Name: Branch Name:

Bank Account No.: IFSC Code:

MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

KYC DOCUMENTS ATTACHED:

Pan Card Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bill

Ration Card Driving Licence Electricity Bill Utility bills not older than 2 months Registration Certificate

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Erection All Risks (EAR) Insurance and related information in: Physical Format e-Format (electronic)

I have eIA Number:

I don't have an eIA and I would like to apply for eIA with:

(a) NSDL Database Management Ltd (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)

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(c) Karvy Insurance Repository Ltd.

(d) CAMS Insurance 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:

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

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.

Residential Status: Resident Individual Non- Resident Indian Foreign National Person of Indian Origin

If Foreign National please specify the nationality and country address _____

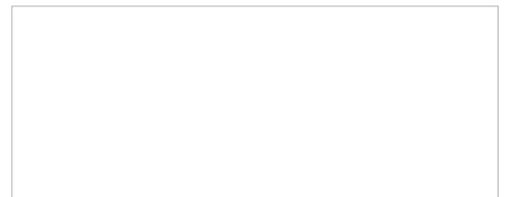
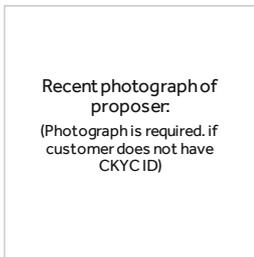
If NRI please give details for resident country and address _____

If Person of Indian Origin 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.



Signature of Proposer

DECLARATION BY INSURED

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated.
- I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.
- The details filled in the proposal form would be used for new as well as for renewal purposes.

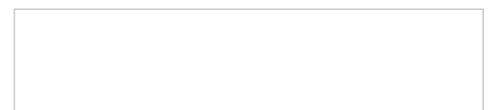
Do you suffer from any disability? Yes No If Yes, please state the type of disability. _____

Please share the percentage of disability. _____

UDID Number _____

Date:

Place:



Signature of the Proposer

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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: _____

Signature of the Agent

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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: _____

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

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.

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. 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:**

- a) 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.
 - 1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten** percent of shares or capital or profits of the company;
 - 2. **"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;
- b) 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 or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- c) 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.**
- d) 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.
- e) 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.