

PROPOSAL FORM

BOILER & PRESSURE PLANT INSURANCE



SURAKSHA AUR BHAROSA DONO

(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.

Insured's Details (*mandatory fields)

1. Name of the Proposer:

Plot No/Door No. and building name

Road name Area :

City : Pin code : State :

Phone No.: E-mail Id :

Fax : Website :

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

Business Address. () please tick here if it is same as registered address. Not applicable in case of Individual.

Plot No/Door No. and building name

Road name Area :

City : Pin code : State :

Phone No.: E-mail Id :

2. Period of Insurance : 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. _____

D) On payment of additional premium do you wish to cover the following?

If Yes provide Limits of Indemnity Limits

a) Express freight (excluding airfreight), Overtime and Holiday rates of wages.	Rs.	<input type="checkbox"/> No
b) Airfreight.	Rs.	<input type="checkbox"/> No
c) Owner's Surrounding Property.	Rs.	<input type="checkbox"/> No
d) Third Party Liability.		
i) Any one Accident	Rs.	<input type="checkbox"/> No
ii) Any one Year	Rs.	<input type="checkbox"/> No
e) Additional Customs Duty.	Rs.	<input type="checkbox"/> No

5. a) In case of Boiler, state if it is Water tube type? Yes No

b) If so, what is the evaporative capacity per hour _____

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? Yes No
- b) If so, state whether cover required within 20 meters or 100 meters radius of the Boiler 20 m 100 m
8. a) Are all the items in good condition? Yes No
- b) Give particulars of any defects. _____
9. a) Which items of Plant are subject to periodical inspection?

- b) By whom are they inspected, and at what intervals?

- c) Date of last inspection, working pressure approved, and period of such approval (attach copy of last report).

10. a) What is the maximum load on safety valve per square inch?

- b) What is the working pressure?

11. a) Are the Boiler Attendant solely employed on the Boiler Plant? Yes No
- b) By whom are they inspected, and at what intervals?

- c) Date of last inspection, working pressure approved, and period of such approval (attach copy of last report).

12. a) Is the Boiler Plant now Insured? Yes No
- b) If so, state name of Insurer, and date policy expires.

13. a) Has the Boiler Plant at any time been insured by you? Yes No
- b) If so, state name of Insurer, and date of policy expired?

14. In respect of Boiler Insurance, has any Insurer -
- a) permitted withdrawal of or declined any proposal from you? Yes No
- OR
- b) cancelled or refused to renew your policy? Yes No
- Note - Name of Insurer to be stated.**
15. a) Have you ever had an accident to your Boiler Plant? Yes No
- b) If so, give full particulars on separate sheet.

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? Yes No

b) If so, which ones? _____

18. a) Is any of the automatically controlled Boilers not under continuous supervision by person competent to operate it? Yes No

b) If so, which ones? _____

19. Is Boiler under regular and frequent supervision whilst working? Yes No

20. 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.

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.

Date:

Place:

Signature of the Proposer

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.

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 If Non-Indian, please specify Country: _____

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).

Date:

Place:

Signature of 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 would like Boiler & Pressure Plant Insurance and related information in: Physical Format e-Format (electronic)

I have eIA Number:

Choose your Insurance Repository (For those selecting e-Format)

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):

Kindly visit our website www.sbigeneral.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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

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."

2. 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 **fifteen percent of capital or profits of the partnership**.

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.

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