

PROPOSAL FORM–Machinery Loss of Profit Insurance Policy

(Following Machinery Breakdown and/or Boiler Explosion)

- a) Name and Address of Proposer _____
- b) Business Premises _____
- c) Nature of Trade or Business _____

1.	<p>Do you wish to cover the risk of Loss of Profits arising from -</p> <p>a) Breakdown of Machinery in your premises</p> <p style="margin-left: 20px;"><u>If so, please complete schedule 'A'</u></p> <p>b) Explosion of Boiler and Pressure Plant in your premises</p> <p style="margin-left: 20px;"><u>If so, please complete schedule 'B'</u></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; text-align: center;">Yes</td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; text-align: center;">No</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">Yes</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; text-align: center;">No</td> </tr> </table>		Yes		No		Yes		No
	Yes		No							
	Yes		No							
2.	<p>Is the plant and Machinery specified in Schedule A & B insured against material damage risk ie breakdown and/or explosion?</p> <p>If yes, please state -</p> <p>a) Name of the Insurer _____</p> <p>b) Title of the Policy _____</p> <p>c) Policy Nos. _____</p> <p>d) Period(s) of Insurance</p> <p style="margin-left: 20px;">From _____ To _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; text-align: center;">Yes</td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; text-align: center;">No</td> </tr> </table>		Yes		No				
	Yes		No							
3.	<p>a) Are the lists of the Machinery in Schedule A and B representing the whole or only a part of the Machinery in the premises?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; text-align: center;">Whole</td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; text-align: center;">Part</td> </tr> </table>		Whole		Part				
	Whole		Part							

	<p>b) Are all your Machineries subject to periodical inspection?</p> <p>If yes, state by whom and at what intervals inspections are carried out. Supply details of your maintenance Schedule.</p>	<input type="checkbox"/>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>
<p>4.</p>	<p>Give description of the manufacturing process and utility supplies such as power, steam, air, water etc. required for production.</p> <p>Please attach a process flow diagram showing connected machinery and indicate bottlenecks or buffer stocks if any</p> <p>Please attach separate line diagram for utility supplies such as power, steam, air and water showing interconnected machinery.</p>	<hr/> <hr/> <hr/> <hr/>			
<p>5.</p>	<p>In the event of stoppage of any of the machines proposed for insurance -</p>				
	<p>a) Can machines, which remain in operation, carry the load originally borne by the machine, which has failed?</p>	<input type="checkbox"/>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>
	<p>b) Are there any alternative means of maintaining production by -</p>				

	<p>i) the work being done at other premises ?</p> <p>If yes, to what extent?</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<p>ii) hiring temporarily suitable replacement machine</p> <p>iii) by any other means</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>6.</p>	<p>Are any of the machines described in the schedule A & B de-rated?</p> <p>If yes please give details</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>7.</p>	<p>State repair facilities available in regard to machinery specified in Schedule A & B</p>	<hr/>			
	<p>a) In your own premises</p>	<hr/>			
	<p>b) Any other nearest place</p>	<hr/>			
<p>8.</p>	<p>Which machines proposed under this insurance are the machines for which the spare parts would need to be imported?</p>	<hr/>			
<p>9.</p>	<p>State the estimated period of interruption affecting resumption of normal production, on account of spoilage of materials in process following a breakdown or failure of utility supplies.</p>	<hr/> <hr/> <hr/>			
<p>10.</p>	<p>a) What are your normal working hours?</p>	<p>a) _____ hrs. per day</p> <p>b) _____ days per week.</p> <p>c) _____ days per year.</p>			
	<p>b) Can extra shifts be worked to make up production loss?</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>11.</p>	<p>a) Have you ever suffered Loss of Profit following Machinery Breakdown and/or Boiler Explosion?</p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<p>b) If so give details of the cause, duration and loss suffered in each stoppage, during the last three years.</p>	<hr/>			
<p>12.</p>	<p>If the business is 'Seasonal' indicate the period of high and low output or turnover and indicate the degree of fluctuation. State if there is a tendency of fluctuations due to demands.</p>	<hr/>			

13.	<p>State what terms are required for Loss of Profits insurance with regard to -</p> <p>a) Indemnity period (max.12 months)</p> <p>Note - <i>The Indemnity period should be selected based on an estimate of the Maximum time, which would be required to resume normal production after a serious accident.</i></p> <p><i>Different periods can be selected for different items.</i></p>	<hr/>
14.	<p>INSURED STANDING CHARGES - Please indicate charges to be insured - delete or supplement as appropriate -</p> <p>a) Interest on Debentures Motor Upkeep and Licenses:</p> <p>b) Mortgages, Loans and Lighting, Heating Power and Bank Overdrafts:</p> <p>c) Water Charges</p> <p>d) Directors' Fees and Office Expenses:</p> <p>e) Remuneration</p> <p>f) Rents and Rates</p> <p>g) Salaries including State Insurance Contribution</p> <p>h) Taxes other than those chargeable on Profits</p> <p>i) Insurance Premiums</p> <p>j) Contributions to Pension Fund</p> <p>k) Telephone Rentals</p> <p>l) <i>Miscellaneous Charges (not travelling expenses) exceeding 5% of the total amount of the aforesaid Standing Charges.</i></p> <p>m) Traveling Expenses</p> <p>n) Advertising Cost</p>	<p><input type="checkbox"/> 7 days <input type="checkbox"/> 14 days</p> <p><input type="checkbox"/> 28 days</p>

15.	o) Auditors' and Legal Fees		
	p) Trade and Charitable Subscriptions		
	q) Repairs and renewals chargeable to revenue account		
	r) Depreciations of Buildings/ Machinery Plant and Motor Vehicles		
	State the Sum Insured on –		
16.	a) Gross Profit under the Loss of profits Policy (The Gross Profit for the current financial year to be computed from the last annual balance sheet being the Sum of net profit and Standing Charges with adjustment for upward or downward trend of business for the period of Insurance.)	Sum Insured – Rs. _____	Indemnity period - _____ months
	b) On Wages (Alternative forms of cover available)		
	i) _____ weeks wages to the extent of _____ % of the total wage roll. OR	Rs. _____	
	ii) Wages to the extent of _____ % of the total wages for roll. OR	Rs. _____	
	iii) Total wages for the first _____ weeks followed by _____ % for the remainder of the Indemnity Period	Rs. _____	
c) On Auditors/Accountants Fees - (cost incurred in the preparation of claims.)	Rs. _____		
17.	Are your books regularly audited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a) If so, give name and address of your Auditors.		
	b) When does your financial year end?		
	c) Date of commencement of Insurance?	From _____	To _____
17.	Are you insured or have you made a proposal in respect of loss of Profit following Machinery Breakdown and/or Boiler Explosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

18.		<p>If so, give name of the Company concerned and state if renewal has been (a) declined (b) subjected to increased rates or special conditions</p> <hr style="border: 0.5px solid black;"/> <p>Are you insured against Loss of profit following Fire?</p> <p style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Yes <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> No </p> <p>If so, please state -</p> <p>a) Name of the Insurer</p> <p>b) Sum Insured</p> <p>c) Policy No.</p>	
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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 HEREBY DECLARE AND WARRANT that the above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal.

I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void. I/We undertake to exercise all reasonable and ordinary precaution for the safety of the machinery and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.

I/We agree and undertake to convey to SBI General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.



Place _____

Date _____

Signature

Notes –

If the space above is insufficient for any answer please continue on separate sheet and attach hereto.

Section 41 of The 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.

Insurance is the subject matter of solicitation