

1

PROPOSAL FORM

CONTRACTOR'S PLANT AND MACHINERY INSURANCE POLICY

(The property proposed for insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty General insurance Limited's Standard Policy Wordings)

COMPANY OFFICE DETAILS (To be filled by insurer)

1. 2.	Office Code: Office Address: City District State			
Ι	NTERMEDIARY D	ETAILS		
1. 2. 3.	Agent/ Broker Name: Agent/ Broker Licens Agent/ Broker Contac	e Code:		
ŀ	PROPOSER DETAII	S		
1.	Name of Proposer:			
2.	Address of proposer:RoadIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Constraint of the second struct Image: Consecond struct<		
3.	Business of Proposer			
4.	Location of risk to be Road City City City	covered Contraction Contractio		
5. 6.	Period of Insurance (I Nearest Railway Statio	,	/00/0000	
MACHINERY INSURANCE DETAILS				
1.	Do the items listed rep	present the entire machinery used by you at the above location?	□Yes □No	
2.	A. Are you at present	Insured	□Yes □No	
	B. If so with whom			
Proposal Form- CPM Insurance Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013. Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: <u>care@libertyinsurance.in</u> Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in IRDA of Ladia existention surpher: 150 LOPH U60000HU2010PL 6200056				

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656 UIN No: IRDAN150P0026V01201213

		Liberty_ General Insurance -
3.	Has any company -	
	A. Declined to insure any of the Machinery now proposed?	□Yes □No
	B. Required an increased premium or imposed special conditions?	□Yes □No
	C. Requested for repairs or made other special stipulations for risk improver	nent? Yes No
4.	A. Are you aware of any defects/ damages existing in the machinery?	□Yes □No
	B. If so, give details thereof	
5.	Do you own or use any equipment other than that described above working of	on the same site?
6.	Is any of the equipment now proposed:	
	a) Licensed for road use? If so, give details	
	b) Covered by any other insurance? If so give details	
7.	a) Are you the owner of the proposed equipment? If yes, will you be hiring or b) If the equipment is hired;	ut? 🗆 🗆 🗆 🗆 🗆 🗆
	i) Is Insurance your responsibility	
	ii) Is maintenance and operation your responsibility?	
8.	Are the premises where the equipment operates well-guarded?	
9.	a) What is the site condition where the equipment will be utilized? \Box	
	b) Are the equipment likely to operate on reclaimed or soft ground? \Box	
	 c) Are the equipments likely to operate underground? d) Are ground condition such that equipment are exposed to the risk of top c) and an an	
	and safety precautions taken?	on the same site?
Libe	Proposal Form- CPM Insurance erty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat 1	Marg, Prabhadevi, Mumbai - 400013.

12. Which of the equipments are required to be insp	bected and certified for operation by statutory rules?					
13. a) Has your machinery sustained any damage from breakdown or						
other cause during last 3 years?	\Box Yes \Box No					
b) If so, give details of damage/s and Repairing cost						
14. a) Is regular periodical inspection of the machinery carried out? \Box Yes \Box No						
b) If so, by whom and at what intervals?						
A. EscalationB. Express Freight (excluding Air Freight), Overtin	Rs 🔲 🗌 🔲 🔲 🔲 🔲 🔲 🔲 🔲 🔲 🔲 🗠 ne and Holiday rates of Wages.					
C. Air Freight	Rs 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆					
D. Owners surrounding property	Rs 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆					
E. Third Party Liability	Rs					
AOA	Rs					
AOY	Rs					
F. Additional Customs Duty	Rs					
G. Clearance and Removal of Debris						

SCHEDULE OF MACHINERY TO BE INSURED-

- 1. Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No.3. Full description with identification no. Etc. of each and every equipment with valuation should be declared.
- 2. The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this Policy.
- 3. If any of the Machinery is a `stand by' this fact should be mentioned.
- 4. All portable Machinery must be so designated. All items in the open must be so described separately.
- 5. Transit risks from site to site will be excluded.

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6. The proposals with Sum Insured more than Rs.5 crores shall be referred for finalization of special rates, terms and conditions.

		Description, type, Model, Capacity of	Maker's Name	Year of	
S. No.	Quantity	Machines/Sr. Nos/HP/kVA Volts,	and Country of	Make	Sum Insured
		Amps, RPM	origin.		
(1)	(2)	(3)	(4)	(5)	(6)

PAYMENT DETAILS

- 1. PAN card number (10 character number):
- 2. Sources of funds: Please tick appropriate box

□ Salary	□ Business	\Box Investments
□ Others (please specif	\mathbf{v}	

Declaration:

- 1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will bepaid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- 2. I understand that the Company has the right to call for documents to establish sources of funds.
- 3. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and Annexure if any 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 "Liberty General Insurance Limited"

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date:

Place:

Signature of Proposer:

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4



Recommendations of Officer/ Agent / Broker:

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew of continue an insurance in respect of any kind of 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 Five Hundred Rupees.