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## PROPOSAL FORM MACHINERY BREAKDOWN POLICY

| (The property proposed for insurance is not covered until the proposal is accepted by the company and premium<br>paid in advance. Coverage is as per the terms and conditions of Liberty General insurance Limited's Standard<br>Policy Wordings)   |  |          |  |
|---|--|----------|--|
| (   | COMPANY OFFICE DETAILS (To be filled by insurer)   |          |  |
| 1.<br>2.  |  |          |  |
| Ι   | INTERMEDIARY DETAILS   |          |  |
| 1.<br>2.<br>3.  | Agent/ Broker Name:Image: Image: |          |  |
| I   | PROPOSER DETAILS   |          |  |
| 1.  | Name of Proposer:   Image: Control of the contro of the control of the control of the control of the co             |          |  |
| 2.  | Address of proposer: Image: Constraint of the second s                     |          |  |
| 3.  | Business of Proposer   |          |  |
| 4.  | Location of risk to be coveredImage: Constraint of the coveredImage: Constraint of the coveredRoadImage: Constraint of the coveredImage: Constraint of the coveredImage: Constraint of the coveredCityImage: Constraint of the coveredImage: Constraint of the coveredImage: CoveredStateImage: CoveredImage: CoveredImage: CoveredImage: CoveredImage: CoveredImage: CoveredImage: CoveredStateImage: CoveredImage: CoveredStateImage: CoveredImage: CoveredStateImage: CoveredImage: CoveredIm   |          |  |
| 5.<br>6.  | Period of Insurance (DD/MM/YYYY) From D/D/D/D To D<br>Nearest Railway Station and Distance   | //       |  |
|   |  |          |  |
| Μ   | IACHINERY INSURANCE DETAILS  |          |  |
| 1.  | Do the items listed represent the whole of the plant   | □Yes □No |  |
| 2.  | A. Are you at present Insured  | □Yes □No |  |
| 3.  | B. If so with whom IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  |          |  |
| Proposal Form- Machinery Breakdown<br>Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 40001400 013<br>Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: <u>care@libertyinsurance.in</u><br>Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in |  |          |  |

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656 UIN No:IRDAN150P0004V01201213

|    |  |   | General Insurance |
|----|--|---|-------------------|
|    | A. declined to insure any of the machinery now p   | roposed ?   | □Yes □No          |
|    | B. required an increased premium or imposed spe  | □Yes □No  |                   |
|    | C. requested for repairs or made other special stip  | □Yes □No  |                   |
| 4. | <ul><li>A. Are you aware of any defects/ damages existing in the machinery?</li><li>B. If so, give details thereof</li></ul> |   |                   |
| 5. | A. Has your machinery sustained any damage from breakdown or other cause during last 3 years?                                |   |                   |
|    | B. If so, give details of damage(s) and repairing co   | ost.  | □Yes □No          |
|    |  |   |                   |
| 6. | <ul><li>A. Are regular periodical inspections of the machi</li><li>B. If so, by whom and at what intervals?</li></ul>        | nery carried out?   | □Yes □No          |
| 7. | On payment of additional premium do you wish to cover the following?   |   |                   |
|    | <ul><li>A. Escalation Amount / Percentage</li><li>B. Express Freight (excluding Air Freight), Overt</li></ul>                | Rs 🗆 🗆 🗖 🗖 🗖 🗖 🗖 🗖 Rs 🗖 Rs IIII IIII IIIII IIIII IIIII IIIIIIII |                   |
|    |  |   |                   |
|    | C. Air Freight   | Rs  |                   |
|    | D. Owners surrounding property   |   |                   |
|    | E. Third Party Liability   | Rs  |                   |
|    | AOA  | Rs  |                   |
|    | AOY  | Rs  |                   |
|    | F. Additional Customs Duty   | Rs  |                   |

# SCHEDULE OF MACHINERY TO BE INSURED-

- 1. Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No.3
- 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.

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5. Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required.

| S. No. | Quantity | Description, type, Model, Capacity of<br>Machines/Sr. Nos/HP/kVA Volts,<br>Amps, RPM |     | Year of<br>Make | Sum Insured |
|--------|----------|--|-----|-----------------|-------------|
| (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

□ Investments

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:

Recommendations of Officer/ Agent / Broker:

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### 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.