

Call (Toll free) - Number Website Address

PROPOSAL FOR MACHINERY LOSS OF PROFIT 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)

CC	COMPANY OFFICE DETAILS (To be filled by insurer)					
1. 2.	Office Code: Office Address: City District State TERMEDIARY DETAILS					
1. 2. 3.	Agent/ Broker Name:					
PR	OPOSER DETAILS					
1.	Name Of Proposer: Address of proposer: Road City State Pin Code					
3.	Business of Proposer					
4.	Paid up capital of the company					
5.	Financial Interest A. B. B. B. B. B. B. B.					
AΓ	OVANCE LOSS OF PROFIT DETAILS					
1.	Do you wish to cover the risk of Loss of Profits arising from					
	A. Breakdown of Machinery in your premises If so, please complete schedule 'A'	□Yes	\square No			
	B. Explosion of Boiler and Pressure Plant in your premises If so, please complete schedule 'B'	□Yes	□No			
2.	Is the plant and Machinery specified in Schedules A & B insured against material da	mage risk i	.e.			
	breakdown and/or explosion? If yes, please state	□Yes	□No			
	A. Name of Insurer					
	Proposal Form - MLOP 1 Liberty General Insurance Limited, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013					



	B. Title of the Policy				
	Policy Nos.				
3.		Period(s) of Insurance From $\Box \Box / \Box \Box / \Box \Box $ to $\Box \Box / \Box \Box / \Box \Box$ Are the lists of the Machinery in Schedule A and B representing the whole or only a part of the			
	Machinery in the premises?	□ Whole □	Part		
	B. Are all your Machineries subject to periodical inspection? If yes, state by whom and at what intervals inspections are carried out. Supply maintenance Schedule.	☐Yes details of your	□No		
4.	Give description of the manufacturing process and utility supplies such as power, steam, air, water etc. required for production. Please attach a process flow diagram showing connected machinery and indicate bottlenecks or buffer stocks if any. Please attach separate line diagram for utility supplies such as power, steam, air and water showing interconnected machinery.				
5.	In the event of stoppage of any of the machines proposed for insurance A. Can machines, which remain in operation, carry the load originally borne by the machine, which has				
	failed?	Yes			
	B. Are there any alternative means of maintaining production by				
	i. the work being done at other premises?	\Box Yes	\square No		
	If yes, to what extent?				
	ii. hiring temporarily suitable replacement machine?	\Box Yes	\square No		
	iii. by any other means?	\Box Yes	\square No		
6.	Are any of the machines described in the Schedules A & B de-rated?	\Box Yes	\square No		
7.	If yes please give details State repair facilities available in regard to machinery specified in Schedules A	 			
	A. In your own premises				
8.	B. Any other nearest place Which machines proposed under this insurance are the machines for which specified to the second seco	pare parts would	need to be		
9.	mported?				
10.	A. What are your normal Working hours				



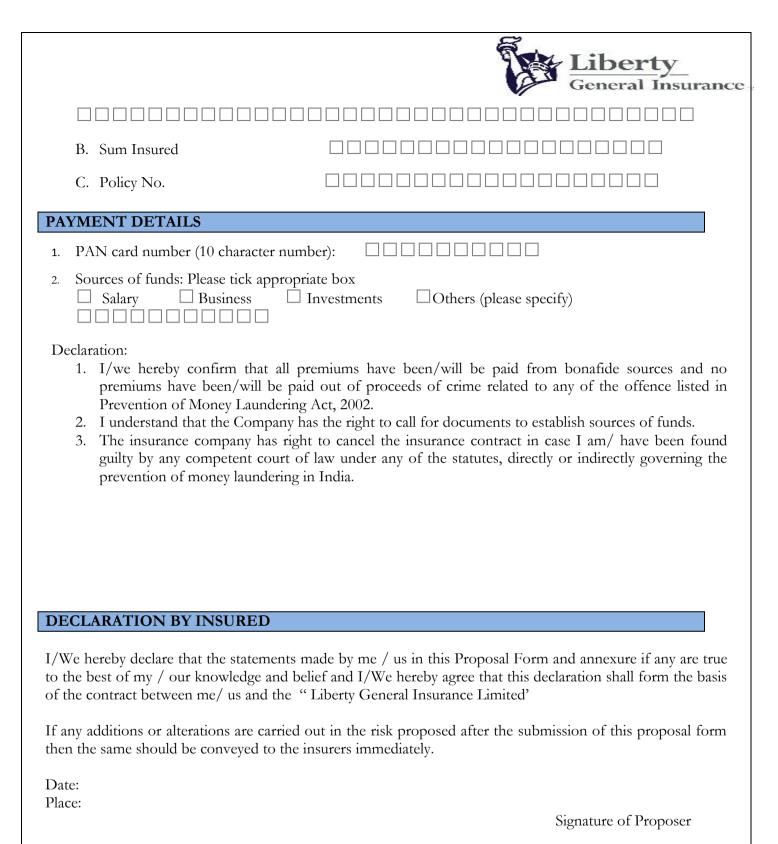
	□ □ days per week □ □ da	ys per year	• •
11.	B. Can extra shifts be worked to make up production loss? A. Have you ever suffered Loss of Profit following Machinery Breakdown and/or Breakdown.		
	B. If yes, give details of the cause, duration and loss suffered in each stoppage, durin	☐Yes	□No
	years.		
12.	If the business is 'Seasonal' indicate the period of high and low output or turnover a degree of fluctuation. State if there is a tendency of fluctuations due to demands.	nd indicate	the
13.	State what terms are required for Loss of Profits insurance with regard to		
	A. Indemnity period (max.12 months) Note - The Indemnity period should be selected based on an estimate of the Maxim would be required to resume normal production after a serious accident. Different selected for different items.		
14.	B. Time Exclusion (Min.7 working days)	,	opriate –
	A. Interest on Debentures Motor Upkeep and Licenses:	\square Yes	\square No
	B. Mortgages, Loans and Lighting, Heating Power and Bank Overdrafts:	\square Yes	\square No
	C. Water Charges	□Yes	\square No
	D. Directors' Fees and Office Expenses:	□Yes	\square No
	E. Remuneration	□Yes	\square No
	F. Rents and Rates	□Yes	\square No
	G. Salaries including State Insurance Contribution	□Yes	\square No
	H. Taxes other than those chargeable on Profits	□Yes	\square No
	I. Insurance Premiums	□Yes	\square No
	J. Contributions to Pension Fund	□Yes	\square No
	K. Telephone RentalsL. Miscellaneous Charges (not travelling expenses) exceeding 5% of the total amount	□Yes nt of the af	□No foresaid
	Standing Charges.	\Box Yes	\square No
	M. Traveling Expenses	□Yes	\square No

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N. Advertising Cost	□Yes	\square No		
O. Auditors' and Legal Fees	□Yes	\square No		
P. Trade and Charitable Subscriptions	\square Yes	\square No		
Q. Repairs and renewals chargeable to revenue account	\square Yes	\square No		
R. Depreciations of Buildings/ Machinery Plant and Motor Vehicles State the Sum Insured on A. Cross Profit under the Loss of profits Policy (The Cross Profit for the surrent of	□Yes	□No		
computed from the last annual balance sheet being the Sum of net profit and Sta	ınding Cha			
Sum Insured Rs				
Indemnity Period				
i. \square weeks wages to the extent of \square \square % of the total wage roll Rs \square \square OR				
ii. Wages to the extent of \square \square % of the total wages for roll OR				
 iii. Total wages for the first weeks followed by % for the Rs remainder of the Indemnity Period C. On Auditors/Accountants Fees - (cost incurred in the preparation of claims.) 				
Are your books regularly audited?	□Yes	\square No		
A. If so, give name and address of your Auditors				
B. When does your financial year end?				
C. Date of commencement of Insurance?				
	_			
Breakdown and/or Boiler Explosion? If yes, give	∐Yes	∐No		
A. name of the Company concerned and state if renewal has been				
B. declined	□Yes	\square No		
C. subjected to increased rates or special conditions	□Yes	\square No		
Are you insured against Loss of profit following Fire? If so, please state A. Name of the Insurer	□Yes	□No		
	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 A. Gross Profit under the Loss of profits Policy (The Gross Profit for the current of computed from the last annual balance sheet being the Sum of net profit and State adjustment for upward or downward trend of business for the period of Insurant Sum Insured Rs	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 Yes State the Sum Insured on A. Gross Profit under the Loss of profits Policy (The Gross Profit for the current financial yec computed from the last annual balance sheet being the Sum of net profit and Standing Cha adjustment for upward or downward trend of business for the period of Insurance.) Sum Insured Rs		

Proposal Form – MLOP



Prohibition of Rebates (Section 41) of the Insurance Act

Recommendations of Officer/ Agent / Broker

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.