IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Proposal Form No:_____

CONTRACTOR'S ALL RISK INSURANCE (RETAIL) - PROPOSAL FORM

(The liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

(To be filled in all respects)

(To be filled in BLOCK LETTERS)

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)	
Intermediary Name:	Code:
Branch Name:	Code:
Sales Manager Name:	Code:

NAME & ADDRESS OF THE PRINCIPAL TRADE OR BUSINESS			
1. Name ☐ Mr. ☐ Mrs. ☐ Ms.: F I R S T M I D D L E L A S T			
2. Address			
Plot No./Door No.		Building Name	
Road / Street / Sector			
Area			
Taluka / Village / District / City		Pin Code	
State		Country	
Telephone		Mobile	
3. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
4. Monthly Income:	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
5. PAN No.		6. UID Aadhaar No.	
7. CIN (In case of Corporate)		8. Date of Birth / Date of Incorporation	D D / M M / Y Y Y Y
8. Do you have a GST Registration Number			☐ Yes ☐ No
If yes, please specify			

NAME & ADDRESS OF THE CONTRACTOR TRADE OR BUSINESS			
9. Name ☐ Mr. ☐ Mrs. ☐ Ms.: F I R S T M I D D L E L A S T			
10. Address			
Plot No./Door No.		Building Name	
Road / Street / Sector			
Area			
Taluka / Village / District / City		Pin Code	
State		Country	
Telephone		Mobile	

IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Contractor's All Risk Insurance (Retail). UIN No.: IRDAN103RP0003V02100001. IGI/MCOM/CO/CARI(R)/PF/Ver. 1.0/070326.

NAME & ADDRESS OF THE SUB-CONTRACTOR IF ANY, TRADE OR BUSINESS

11. Name ☐ Mr. ☐ Mrs. ☐ Ms.: F I R S T M I D D L E L A S T

12. Address			
Plot No./Door No.		Building Name	
Road / Street / Sector			
Area			
Taluka / Village / District / City		Pin Code	
State		Country	
Telephone		Mobile	

THE INSURED INTERESTS

13. Whose Interests are to be Insured? ☐ Contractor ☐ Sub-contractor ☐ Principal

THE CONTRACT WORKS

14. Full description of the Contract _____

15. Please give details -

i) Building (type of construction, number of storeys etc.) _____

ii) Blasting operation _____

iii) Excavation work _____

iv) Pile driving _____

v) Tunneling _____

vi) Dam Construction or diversion of water _____

vii) Others (Specify) _____

Note - A site plan of contract works may be enclosed. _____

16. i) Is this a contract/Sub-contract forming part of an over all construction project ☐ Yes ☐ No

ii) If yes, give name of the Project

17. Will the construction be carried out by your own personnel? ☐ Yes ☐ No

i) If not, by whom?

ii) Past experience of the Contractor

18. Will any sub-contractors be taking part in the work of construction? ☐ Yes ☐ No

i) If yes, what is their position as regards this insurance?

THE CONTRACT SITE

19. i) Location of Contract site _____

ii) Nearest port and/or Railway Station and distance_____

Note - A site plan of contract works may be enclosed

20. i) Are any Special Risks of one or more of the following involved?

a) Earthquake - Fire & Shock	☐ Yes ☐ No
b) Landslide/Rockslide/ Subsidence	☐ Yes ☐ No
c) Flood/Inundation	☐ Yes ☐ No
d) Storm/Tempest/Hurricane/Typhoon/ Cyclone	☐ Yes ☐ No
e) Collapse	☐ Yes ☐ No
f) Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea.	☐ Yes ☐ No

ii) Distance from nearest river, lake, reservoir or sea - the names and particulars to be given _____

iii) Elevation of construction site above normal river, lake, reservoir or sea level _____

iv) Is there any record of the construction site ever having been affected by any of the major perils specified in (13.) above?

21. Give full details regarding geological condition including sub soil _____

22. i) Brief description of the arrangements made for storage of construction materials and equipments - whether in open or closed premises.

ii) a) Will there be a watch and ward round the clock? ☐ Yes ☐ No

b) If not, what precautions will be taken against theft, malicious damage etc. _____

THE INSURANCE

23. i) Estimated construction period excluding maintenance period (cover to commence from the date of first arrival of consignment material at site or commencement of work whichever is earlier)	M M Month From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y
ii) Cover required during maintenance period, if any	M M Month From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y
iii) Probable date on which construction is expected to be completed	D D / M M / Y Y Y Y
iv) Period of Insurance required	M M Month From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y

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24. i) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?	☐ Yes ☐ No
ii) If yes, please state name of the Insurance Company _____	
25. Has any such proposal been - i) declined?	☐ Yes ☐ No
ii) withdrawn?	☐ Yes ☐ No
iii) accepted subject to an increased rate or special conditions?	☐ Yes ☐ No

SUM INSURED	
26. i) Contract works -	
Note-Please attach schedule of quantities and rates and/or values (Permanent & Temporary works including all materials to be incorporated therein)	
a) Contract Price	₹ _____ /-
b) Materials or items supplied by the Principal	₹ _____ /-
c) Any additional items not included in (a) and (b) above	₹ _____ /-
d) Landed cost of imported items as at construction site (please specify whether included in (a) and/or (b) above) at Exchange ₹ _____ /-	₹ _____ /-
TOTAL VALUE OF CONSTRUCTION	₹ _____ /-
ii) Construction Plant & Machinery to be used at the construction site (Details as per attached sheet)	₹ _____ /-
iii) Clearance & removal of debris	₹ _____ /-
iv) Insured's own surrounding property	₹ _____ /-
v) Extra charges for Express Freight (excluding Air Freight) overtime Sunday & Holiday rates of wages, if required	₹ _____ /-
vi) On increased replacement value for item i (a) (b) & (d) above, if required	₹ _____ /-
	_____ %
vii) Third Party liability -	
a) for any one accident	₹ _____ /-
b) for all Accidents during the period	₹ _____ /-

ADDITIONAL ADD ON / CLAUSES	
27. Third Party Liability cover with Cross Liability	☐ Yes ☐ No
28. Inland Transit _____ Per Conveyance Limit ₹ _____ /- Policy Limit	₹ _____ /-
29. Cover for insured contract works taken over or put into service	No. of months _____
30. Loss or Damage due to Strike, Riots and Civil Commotion	☐ Yes ☐ No
31. Work Stoppage Clause	No. of months _____
32. Project Amendment Clause	☐ Yes ☐ No

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33. Immediate repairs	₹ _____ /-
34. Civil / Public Authority Clause	₹ _____ /-
35. Non Vitiation Clause	☐ Yes ☐ No
36. Cover for testing of machinery and installations	No. of months _____
37. Primary and Non contributory Clause	☐ Yes ☐ No
38. Pro-rata Extension of policy period	No. of months _____
39. Dewatering Clause	₹ _____ /-
40. Free Issue Material Clause	☐ Yes ☐ No
41. Conditions for Horizontal Directional Drilling of Pipeline Routes below Rivers, Railway Embankments, Streets, etc.	₹ _____ /-
42. Extended Defective Condition Exclusion (DE2)	☐ Yes ☐ No
43. Limited Defective Condition Exclusion (DE3)	☐ Yes ☐ No
44. "Consequences" Defects (LEG 2/96 Wording)	☐ Yes ☐ No
45. "Improvement" Defects (LEG 3/96 Wording)	☐ Yes ☐ No
46. "Improvement" Defects Wording (Revised) (LEG 3/06 Wordings)	☐ Yes ☐ No
47. Loss Minimization Expenses	₹ _____ /-
48. Professional fees	₹ _____ /-
49. Expediting Cost including Air Freight & Express Freight	₹ _____ /-
50. Waiver of Subrogation between the Insured parties	☐ Yes ☐ No
51. 50/50 clause	☐ Yes ☐ No
52. Seventy Two Hours clause	☐ Yes ☐ No
53. Free automatic reinstatement clause	₹ _____ /-
54. Debris Removal Clause	₹ _____ /-
55. Offsite Storage/ Fabrication	₹ _____ /-
56. Amendment in Fire fighting endorsement wording	☐ Yes ☐ No
57. Valuable Documents	₹ _____ /-
58. Owners Surrounding Property	₹ _____ /-
59. Do you wish to opt for higher amounts of Deductible Excess? If yes, whether	☐ Yes ☐ No
☐ 2 times ☐ 5 times ☐ 10 times ☐ 20 times	

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I/W e 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.

Place: _____

Date: D D / M M / Y Y Y Y

_____
Signature of Proposer

PROPOSER'S BANK DETAILS

60. Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
61. Bank Account No.:		62 Account:	☐ Saving ☐ Current
63. Name of the Bank			
64. Branch			
65. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
66. IFSC Code (11 character code appearing on your cheque leaf)			

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	☐ Yes ☐ No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"**Politically Exposed Persons" (PEPs)** shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "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".

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AML Guidelines

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

Place: _____

Date: _____ _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

DECLARATION

I/We hereby declare and warrant 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 IndusInd General Insurance Company Limited. In any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same shall be conveyed to the IndusInd General Insurance company Limited immediately

I/We further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

"I/we hereby agree to be notified by insurer on my registered mobile number/ email id through mail or SMS or any such mode, information about various insurance policy services."

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

Place: _____

Date: _____ _____

Signature of Proposer

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

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 of 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 published 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.

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