

## ERECTION ALL RISK INSURANCE (RETAIL) PROPOSAL FORM

**IMPORTANT:**

1. *Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.*
2. *Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.*
3. *It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.*
4. *Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.*

### FOR OFFICE USE

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

Business Channel:    Agency             Banca             Corporate/Broking             Direct

RM/SP Name: \_\_\_\_\_ RM/SP Code: \_\_\_\_\_

RM/SP Contact No: \_\_\_\_\_ GSTN: If applicable \_\_\_\_\_

POSP PAN (if applicable) \_\_\_\_\_

S.No.	Details	Answer
1.	a) Name & Present Address of the Principal Trade or business	
	b) Permanent Address of Principal	
	c) Name & Present Address of the Contractor Trade or business	
	d) Permanent Address of Contractor	
	e) Name & Present Address of the Sub Contractor, if any, Trade or Business	
	f) Permanent Address of Sub Contractor	
	g) CKYC Number (if available)	
2.	<b>THE INSURED INTERESTS -</b>	
	Whose Interests are to be Insured?	<input type="checkbox"/> Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-contractor

<b>3.</b>	<b>THE CONTRACT WORKS</b>	
	<b>a)</b> Type of main plant	
	<b>b)</b> Full description of the plant & Machinery to be erected, including Capacity. (Please attach separate sheet, if necessary)	
<b>4.</b>	<b>a)</b> Is this a contract/sub-contract forming part of an overall erection project.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b)</b> If yes, give name of the project.	
	<b>c)</b> Whether to be commissioned independently or with the main plant.	<input type="checkbox"/> independently <input type="checkbox"/> With Main Plant
<b>5.</b>	<b>a)</b> Have the Plans, Designs and Materials been already tested in any previous erection?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b)</b> Is the installation or part thereof built for the first time	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>c)</b> Are you the manufacturer, importer, buyer or contractor of the installation?	<input type="checkbox"/> manufacturer <input type="checkbox"/> importer <input type="checkbox"/> buyer <input type="checkbox"/> contractor
	<b>d)</b> Is the property brand new or is it second hand or used one?	<input type="checkbox"/> brand new <input type="checkbox"/> second hand <input type="checkbox"/> used
	<b>e)</b> If second hand or used, state age	
<b>6.</b>	<b>a)</b> Will the erection be carried out by your own personnel?  If yes, your past years of experience in similar type of projects?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b)</b> If not, by whom?	
	<b>c)</b> Past experience of the Erector	
<b>7.</b>	<b>a)</b> Will any sub-contractors be taking part in the work of erection?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b)</b> If yes, what is their position as regards this insurance?	
<b>8.</b>	<b>THE CONTRACT SITE -</b>	
	<b>a)</b> Location of site where the Plant is to be erected?	
	<b>b)</b> Nearest Port &/or Railway Station and distance.	
	<b>Note</b> - A complete lay out of the Factory and Site may be enclosed.	
<b>9.</b>	<b>a)</b> i) Are any special risks of floods, fire or explosion involved?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	ii) If yes, give details	

	<b>b)</b> Distance from nearest river or sea - the names and particulars to be given.	
	<b>c)</b> Elevation of Erection Site above normal River or sea level	
	<b>d)</b> Is there any record of the Erection site ever having been submerged during floods?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>e)</b> Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>10.</b>	<b>STORAGE ARRANGEMENTS -</b>	
	<b>a)</b> Brief description of the arrangements made for storage of equipments – whether in open or closed premises.	
	<b>b) i)</b> Will there be a watchman on duty round the clock?	
	ii) If not, what precautions will be taken against theft, malicious damage etc.?	
<b>11.</b>	<b>THE INSURANCE PERIOD</b>	
	<b>a)</b> Probable date of first shipment or dispatch	
	<b>b)</b> Expected date of <b>first</b> arrival at site.	
	<b>c)</b> Expected date of <b>last</b> arrival at site.	
	<b>d)</b> Probable date of commencement of erection of Plant & machinery	
	<b>e)</b> Probable date on which erection of Plant & Machinery is expected to be completed finally.	
	<b>f)</b> Duration of testing period included in (g) below.	_____ months
	<b>g)</b> Period of Insurance required including test run _____ months	from _____ to _____
<b>12.</b>	<b>SUM INSURED</b>	
<b>12.1</b>	<b>a)</b> On landed cost of imported machinery as at Factory Site -i.e. @ Exchange rate _____ (sub divided as under)	Rs.
	i. Invoice Cost	Rs.
	ii. Freight, Insurance, Handling, Clearing and Transportation charges upto Factory Site.	Rs.
	iii. Customs Duty	Rs.
	<b>b)</b> On machinery fabricated or manufactured in India (sub divided as under)	

	i. Invoice Cost including insurance, handling and clearing and transporting up to factory Site	Rs.
	ii. Freight	Rs.
	<b>c)</b> Cost of Foundation relating to (a) & (b) above	Rs.
	<b>d)</b> On Cost of Erection, including salaries of all Foreign and Indian Technicians and wages of all skilled and unskilled labour employed at Factory Site during erection.	Rs.
	<b>e)</b> On Civil Works i. Permanent Civil Engineering Works ii. Temporary works iii. Completely Erected value	Rs. Rs. Rs.
<b>12.2</b>	Clearance and Removal of Debris	Rs.
<b>12.3</b>	Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)	Rs.
<b>12.4</b>	Insured's own Surrounding Property	
<b>12.5</b>	<b>a)</b> On increased replacement value (including duty on such additional replacement value) which may have to be paid on replacement of imported Plant and Machinery as per item 12.1 (a) above.	Rs.
	<b>b)</b> On increased replacement value which may have to be paid on replacement of indigenous Plant and Machinery as per item 12.1 (b) above.	Rs.
	<b>c)</b> Escalation on 12.1 (d) - On increased replacement value - On reconstruction of - - Permanent Civil Works - Temporary Works	Rs. Rs. Rs.
<b>12.6</b>	Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost	Rs.
<b>12.7</b>	Additional Customs Duty	Rs.
<b>12.8</b>	Air Freight	Rs.
<b>12.9</b>	<b>a)</b> Third Party Liability – For any one accident For all accidents during the period	Rs. Rs.
	<b>TOTAL SUM INSURED</b>	Rs.

	<b>b) Cross Liability, if required</b>	Rs.
<b>13.</b>	<b>a) Do you wish to opt for Higher amounts of deductible excess?</b> <b>b) If yes, (specify)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>14.</b>	<b>a) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>b) If yes, please state the name of the Insurance Co.</b>	
<b>15.</b>	Has any such proposal been – a. declined? b. withdrawn? c. accepted subject to an increased rate or special conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>16.</b>	Do you require <b>MARINE/TRANSIT</b> Insurance cover If yes, the following questions are to be answered -	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>17.</b>	<b>a) Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, Glass equipments, Fire Bricks, Graphite Electrode etc.</b>  If yes, please give their value, description and mode of packing (whether packed in cases or loose)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>18.</b>	<b>a) Do you want cement to be covered?</b>  <b>b) If yes, give its value and mode of packing (whether packed in gunny bags or paper bags)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>19.</b>	Please give particulars of voyage for imports.  <b>a) What is the limit required - Per any one shipment? (In case of imports)</b> <b>b) Per any one dispatch? (In case of indigenous materials)</b>	
<b>20.</b>	Please state (for Inland Transit) –  <b>a) How the goods will be transported to site of erection?</b>  <b>b) How many Transshipments will be there?</b>	<input type="checkbox"/> By Rail <input type="checkbox"/> By Steamer <input type="checkbox"/> By Lorry <input type="checkbox"/> By Country Craft

	<b>c)</b> Special hazards, if any, in transporting goods from nearest Station/Port to erection site.	
<b>21.</b>	Do you require War & S.R.C.C. Risk to be covered during Overseas/inland transits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>22.</b>	Do you wish to opt for excess under marine/transit losses	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>23.</b>	<b>OTHER DETAILS</b>	
i.	Loss history of Proposer for last 3 years	
ii.	Is dewatering facility available at the project site?	<input type="checkbox"/> YES <input type="checkbox"/> NO
iii.	Are Safety measures taken with respect to precipitation, flood and inundation for the project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
iv.	Percentage of project sum insured in hilly terrain?	
v.	Percentage of project sum insured, which is wet risk?	
vi.	Is Fire Protection in place at the project site?	<input type="checkbox"/> YES <input type="checkbox"/> NO
vii.	Does the project include erection of machinery?  If YES, a. Is prototype machinery involved? b. Is the machinery imported or indigenous? c. In case of imported machinery, is the repair facility available in India?	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>24.</b>	Please specify Any Extension/add on cover required, with limits of indemnity required	

## ANTI MONEY LAUNDERING

GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

## DECLARATION

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.

- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR  
 "I/We hereby confirm that the premium payment have been paid by \_\_\_\_\_, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."
- iv. I/we am/are (please tick all that are applicable)
  - High Net Worth Individual/s
  - Non Residential Indian/s
  - Politically Exposed Person/s
  - Jeweller/s
  - Non-Governmental Organization
  - Film Actor/s
  - Producer/s
- v. I agree to receive service related information from GCICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that GCI may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.**

### FOR INTERMEDIARY USE ONLY

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: \_\_\_\_\_

Intermediary's Code: \_\_\_\_\_

Intermediary's Signature: \_\_\_\_\_

### PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

**Note :** Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/- The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

### BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE

Name of bank account holder (*mention specifically, if different from name of policyholder*)

Bank Name & Branch	
Bank Account Number	
IFS Code	

## NOMINEE DETAILS

Name	
Date of Birth	
Relationship with the proposer	
Mobile Number	
E-Mail ID	
Address of Nominee	
Present address	
Permanent address: (if left blank, will be construed as being same as Present Address)	
Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

## SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

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 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 punishable with fine, which may extend to Ten Lakhs Rupees.

\*\*\*\*\*END\*\*\*\*\*

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800