



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd, Dabur Investment Corp. and Sampo Japan Nipponkoa Insurance Inc.)

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Anandheri Kuria Road, Anandheri (E),
Mumbai - 400059, Maharashtra. Toll free Fax No. 1800-200-9134. Email: contactus@universalsampo.com

PROPOSAL FORM CONTRACTOR'S PLANT & MACHINERY INSURANCE POLICY

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)
Basic Information

1.	IMD Name:	
2.	IMD Code:	
3.	IMD contact Details:	
4.	Name of the Proposer	
5.	Address of the proposer	
6.	Phone Number	
7.	Email id	
8.	Paid up capital of the firm	
9.	Name of the Insured (Policy to be issued in favor of)	
10.	Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions?	
11.	Location details (Complete Address with pin code & district) of the risk to be insured.	
12.	Period of Insurance: Start/End date Note 1: Please ensure that the policy date and time is on or after the date of payment of premium to us. Note 2: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.	

13.	Do the items listed represent the entire machinery used by you at the above location.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	a) Are you at present Insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) If so, provide details:		
15.	Has any company		
	a) Declined to insure any of the Machinery now proposed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) Required an increased premium or imposed special conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) Requested for repairs or made other special stipulations for risk improvement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	a) Are you aware of any defects/ damages existing in the machinery.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) If so, give details thereof		
17.	Do you own or use any equipment other than that described above working on the same site?		
	a) Is any of the equipment now proposed		
18.	a) Licensed for road use? If so, give details	a) <input type="checkbox"/>	
	b) Covered by any other Insurance? If so give details	b) <input type="checkbox"/>	
	a) Are you the owner of the proposed equipment? If yes, will you be hiring out?	a) <input type="checkbox"/>	
	b) If the equipment is hired:		
	i) Is Insurance your responsibility		
	ii) Is maintenance and operation your responsibility?		
20.	Are the premises where the equipment operates well guarded?		
	a) What is the site condition where the equipment will be utilized?		
21.	b) Are the equipment likely to operate on reclaimed or soft ground?		
	c) Are the equipments likely to operate underground?		
	d) Are ground condition such that equipment are exposed to the risk of toppling over? If so, give details?		
	e) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give detail and safety precautions taken.		
	22. Will equipment belonging to other contractors operate on the same site?		

23.	Do you have trained and qualified operators? Are there any statutory rules governing the appointment?		
24.	Which of the equipments are required to be inspected and certified for operation by statutory rules?		
25.	a) Has your machinery sustained any damage during last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) If so, give details of damages and Repairing cost		
26.	a) Is regular periodical inspection of the machinery carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) If so, by whom and at what intervals?		
27.	On payment of additional premium do you wish to cover - If Yes, provide limits of indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a) Express Freight (excluding Airfreight), overtime and Holiday rates of wages	Rs. _____	No
	b) Air Freight	Rs. _____	No
	c) Owners surrounding property	Rs. _____	No
	d) Clearance & Removal of Debris	Rs. _____	No
	e) Additional Custom Duty	Rs. _____	No
	f) Escalation	Rs. _____	No
	g) Third Party Liability	Rs. _____	
	i) For any one accident	Rs. _____	
	ii) For all accident during the period	Rs. _____	
28.	Do you wish to insure electrical & mechanical break down (which otherwise is an exclusion under CPM policy) pl provide list of such items.	Yes	No

SCHEDULE OF PLANT & MACHINERY TO BE INSURED

Sr. No.	Quantity	Description Type	Model, Capacity of Machine/Serial No. HP/KVA Volts, AMPS, RPM	Maker's Name and Country of Origin	Year of Make	Sum Insured

GUIDE NOTES -

- I. Each Machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3. Full description with identification no. etc. of each and every equipment with valuation should be declared.
- II. 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 foundations, erection costs, customs duty, etc., to afford full protection under the Policy.
- III. All Portable Machines must be so designated.
- IV. All items in the open must be so described separately.
- V. Transit risks from site to site will be excluded.

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 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 status directly or indirectly governing the prevention of money laundering in India.

- Nationality: Indian Non Indian If Non-Indian please specify the country
 - Type of Organisation
 - Corporations Governments Non-Governmental Organizations Society
 - Trust Partnership International Organization Cooperatives Section 25 Company
- PAN Card Number/Form 60 (Mandatory)

Declaration by Insured

I / We hereby declare 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 the " Universal Sompo General Insurance Co. Ltd." I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Place _____
Date _____

Signature of Proposer

GST Number _____

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

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 part of the commission payable or any rebates of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates 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 Ten Lakhs Rupees.

Universal Sompo General Insurance Co. Ltd.

Express IT Park, Plot No EL 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai – 400710
Toll Free Nos: 1800-224030 / 1800-2004030, Landline Number: (022) 27639800 or (022) 39133700 and Fax No. (022) 39171419

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Control no: NPL-3000/030/05July2018