



b. Please give details:	
i. Building (type of construction, i.e. whether R.C.C. frame or otherwise, number of storeys etc.)	
ii. Blasting operation	
iii. Excavation work	
iv. Pile driving	
v. Dam construction or diversion of water	
vi. Others (specify)	
NOTE : A site plan of contract works may be enclosed	
4. a. Is this a contract/sub-contract forming part of an over all construction project	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes give name of the project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. a. Will the construction be carried out by your own personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If not, by whom ?	
c. Past experience of the contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. a. Will any sub-contractors be taking part in the work of construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, what is their position as regards this insurance?	
7. THE CONTRACT SITE	
a. Location of contract site	

b. Nearest port and/or railway station and distance.	
Note : A complete lay out of the site may be enclosed	
8. a. Are any special risks of one or more of the following involved?	
i. Earthquake-fire & shock	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Landslide/Rockslide/Subsidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Flood/Inundation	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Storm/Tempest/ Hurricanes/Typhoon/Cyclone	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Collapse	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. Water Damage for 'Wet' risk i.e. contract involving construction in rivers, canals, lakes or sea	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Distance from nearest river, lake, reservoir or sea, the names and particulars to be given	
c. Elevation of construction site above normal river, lake, reservoir or sea level	
d. Is there any record of the construction site ever having been affected by any of the major perils specified in (a) above	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Give full details regarding geological condition including sub-soil	
10. a. Brief description of the arrangements made for storage of construction materials and equipments whether in open or closed premises	

b.	i) Will there be a watch and ward round the clock?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
	ii) If not, what precautions will be taken against theft malicious damage etc.?																									
11.	<b>THE INSURANCE</b>																									
a.	Estimated construction period excluding maintenance period (cover to commence from the date of first arrival of consignment materials at site, or commencement of work whichever is earlier)	From <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td colspan="6" style="text-align: center; font-size: small;">(dd/mm/yy)</td></tr></table> Months To <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td colspan="6" style="text-align: center; font-size: small;">(dd/mm/yy)</td></tr></table>							(dd/mm/yy)												(dd/mm/yy)					
(dd/mm/yy)																										
(dd/mm/yy)																										
b.	Cover required during maintenance period, if any																									
c.	Probable date on which construction is expected to be completed	From <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td colspan="6" style="text-align: center; font-size: small;">(dd/mm/yy)</td></tr></table> Months To <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td colspan="6" style="text-align: center; font-size: small;">(dd/mm/yy)</td></tr></table>							(dd/mm/yy)												(dd/mm/yy)					
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d.	Period of Insurance required	From <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td colspan="6" style="text-align: center; font-size: small;">(dd/mm/yy)</td></tr></table> Months To <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td colspan="6" style="text-align: center; font-size: small;">(dd/mm/yy)</td></tr></table>							(dd/mm/yy)												(dd/mm/yy)					
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12.	a. Have you approached any other insurance company for insurance cover in respect of this proposal	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
	b. If yes, please state name of the insurance company																									
13.	Has any such proposal been																									
	a. declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
	b. withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
	c. accepted subject to an increased rate or special conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
14.	<b>SUM INSURED :</b>																									
	a. Contract works																									
	Note: Please attach schedule of quantities and rates and/or values. (Permanent & temporary works including all materials to be incorporated therein)																									
	i. Contract price	Rs.																								
	ii. Materials or items supplied by the principal	Rs.																								
	iii. Any additional items not included in (i) & (ii) above	Rs.																								

iv. Landed cost of imported items as at construction site (Please specify whether included in (i) & or (ii) above) at exchange rate.....	Rs.
v. Total value of contract works	Rs.
b. Construction plant & machinery to be used at all the construction sites (Details as per attached sheet)	Rs.
c. Clearance & removal of debris	Rs.
d. Insured's own surrounding property	Rs.
e. Extra charges for Express Freight Excluding Air Freight, overtime, Sunday & Holiday rates of wages, if required.	Rs.
f. Air freight	Rs.
g. on increased Replacement value for item 1 (i),(ii) & (iii) above, if required	Rs.
h. Third Party Liability	Rs.
i. For any one accident	
ii. For all Accidents during the period	
15. Do you wish to opt for higher amount of Deductible Excess?	<input type="checkbox"/> 2 times <input type="checkbox"/> 5 times <input type="checkbox"/> 10 times <input type="checkbox"/> 20 times

I/We 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.

\_\_\_\_\_  
Proposer's Signature

Place : \_\_\_\_\_

Date : \_\_\_\_\_



Seal

## The following is the copy of section 41 of the Insurance Act 1938

### PROHIBITION OF REBATES

1. No person shall allow or offer to allow either directly 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 in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be punishable with a fine, which may extend to five hundred rupees.