





2.	Give brief details of contract works					
3.	Is the property second hand or used one? If second hand give details of age, origin, etc. thereof	<table border="1"> <tr> <td data-bbox="938 409 1089 457">Brand New</td> <td data-bbox="1089 409 1258 457">Second Hand</td> <td data-bbox="1258 409 1403 457">Used One</td> </tr> </table>		Brand New	Second Hand	Used One
Brand New	Second Hand	Used One				
4.	Location of site where the Plant is to be erected?					
5.	What is the period of insurance required Duration of testing period Duration of Maintenance Period	From .....To..... _____ months _____ months				
6.	Please give the break-up of Sum Insured Imported Materials (sub divided as under) i) Invoice Cost ii) Freight, Insurance, Handling, Clearing and Transportation charges iii) Customs Duty Indigenous Materials (sub divided as under) i) Invoice Cost. ii) Freight, Insurance, Handling, Clearing and Transportation charges iii) Freight Cost of Erection, Civil Works i) Permanent Civil Engineering Works ii) Temporary works	Rs. ____ Rs. ____ Rs. ____ Rs. ____ Rs. ____ Rs. ____ Rs. ____ Rs. ____				
	<b>Completely Erected value</b>	<b>Rs. ____</b>				
7	Select Add-on Covers Required Escalation Clearance and Removal of Debris					



	Owner's Surrounding Property			
	Expediting Expenses			
	Additional Customs Duty			
	Air Freight			
	Third Party Liability -			
	a) For any one accident		Rs. ____	
	b) For all accidents during the period		Rs. ____	
<b>8.</b>	Do you wish to opt for Higher amounts of deductible excess? If yes, (specify)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
<b>9.</b>	Do you require <b>MARINE/TRANSIT</b> Insurance cover	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
	If yes, additional questionnaire for marine transit cover to be filled in			

**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 Insurer – M/S HDFC ERGO General Insurance Company Limited.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

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

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

Signature of Proposer