



Proposal Form - Contractor's All Risks Insurance

GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence.)

1. Please fill the form in BLOCK LETTERS and leave one box blank between two words. All details marked with * are mandatory.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance
5. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

FOR OFFICE USE ONLY

Branch Code	:	<input type="text"/>
Intermediary Code*	:	<input type="text"/>
Intermediary Location Code	:	<input type="text"/>
Intermediary Employee Code	:	<input type="text"/>
Intermediary Reference Code	:	<input type="text"/>
Sales Manager Code	:	<input type="text"/>

PROPOSER INFORMATION

Name and Address of the Principal Trade or Business:

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office: PAN No.:

Mobile No.*: Landline*: S | T | D

Email ID 1*:

Email ID 2:

Name & Address of the Contractor Trade or Business:

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office: PAN No.:

Mobile No.*: Landline*: S | T | D

Email ID 1*:

Email ID 2:

Name & Address of the Sub-Contractor, if any, Trade or Business:

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office: PAN No.:

Mobile No.*: Landline*:

Email ID 1*:

Email ID 2:

2. THE INSURED INTERESTS

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

3. THE CONTRACT WORKS

Full description of the Contract:

Please give details -

- i) Building (type of construction, no. 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)

Is this a Contract/Sub-contract forming part of an over all construction project? Yes No

If Yes, give name of the Project:

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

If No, by whom?

Past experience of the Contractor:

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

If Yes, what is their position as regards this insurance:

4. THE CONTRACT SITE

Location of Contract site:

Nearest Port and/or Railway Station and distance:

(Note - A complete layout of the site may be enclosed)

Are any Special Risks of one or more of the following involved?

- | | | | |
|---------------------------|--|---|--|
| Earthquake - Fire & Shock | <input type="checkbox"/> Yes <input type="checkbox"/> No | Landslide/Rockslide/Subsidence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Flood/Inundation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Storm/Tempest/Hurricane/Typhoon/Cyclone | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Collapse | <input type="checkbox"/> Yes <input type="checkbox"/> No | Water Damage for 'Wet' risk i.e. Contract involving construction
in rivers, canals, lakes or sea | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Is there any record of the construction site ever having been affected by any of the major perils specified above? Yes No

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

Elevation of construction site above normal river, lake, reservoir or sea level:

Give full details regarding geological condition including sub soil: _____

Brief description of the arrangements made for storage of construction materials and equipments - whether in open or closed premises:

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

If No, what precautions will be taken against theft, malicious damage etc.: _____

5. THE INSURANCE

Estimated construction period excluding maintenance period _____ months from _____ to _____
 (cover to commence from the date of first arrival of consignment material at site or commencement of work whichever is earlier)

Cover required during maintenance period, if any _____ months from _____ to _____

Probable date on which construction is expected to be completed: _____

Period of Insurance required _____ months from _____ to _____

Have you approached any other Insurance Company for Insurance Cover in respect of this Proposal? Yes No

If Yes, please state name of the Insurance Company: _____

Has any such proposal been: • Declined? Yes No

• Withdrawn? Yes No

• Accepted subject to an increased rate or special conditions? Yes No

6. SUM INSURED

(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 Rate _____ ₹ _____

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 (a) (b) & (d) above, if required (_____%) ₹ _____

vii) Third Party Liability
 - for any one accident ₹ _____

- for all accidents during the period ₹ _____

Do you wish to opt for higher amounts of Deductible Excess? Yes No

If Yes, whether 2 times 5 times 10 times 20 times

DECLARATION

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.

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via SMS Telephone

Place:

Date:

Signature of Proposer

PROHIBITION OF REBATES – UNDER SECTION 41 OF INSURANCE ACT 1938

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹ 500/-