



## Proposal Form - Machinery Breakdown 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.
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	:	_____
Intermediary Code	:	_____
Intermediary Location Code	:	_____
Intermediary Employee Code	:	_____
Intermediary Reference Code	:	_____
Sales Manager Code	:	_____

### PROPOSER INFORMATION

Name of Proposer: F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ L A S T \_\_\_\_\_

### Correspondence Address:

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: \_\_\_\_\_

Proposer's trade or occupation\*: \_\_\_\_\_

Address where plant to be insured is located - Address same as above:  Yes  No If No, please provide below. (If multiple risk locations, use extra sheets)

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

Street Name\*: \_\_\_\_\_ Locality: \_\_\_\_\_

Landmark\*: \_\_\_\_\_

City/Village\*: \_\_\_\_\_ Pincode\*: \_\_\_\_\_

Post Office: \_\_\_\_\_ Landline\*: S T D \_\_\_\_\_

Nearest Railway station and distance: \_\_\_\_\_

- 1 Do the items listed represent the whole of the plant  Yes  No
- 2 a) Are you at present Insured  Yes  No  
b) If so, with whom? .....
- 3 Has any Company-  
a) declined to insure any of the machinery now proposed?  Yes  No  
b) required an increased premium or imposed special conditions?  Yes  No  
c) requested for repairs or made other special stipulations for risk improvement?  Yes  No
- 4 a) Are you aware of any defects / damages existing in the machinery?  Yes  No  
b) If so, give details thereof .....
- 5 a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?  Yes  No

- b) If so, give details of damage(s) and repairing cost .....
- 6 Are regular periodical inspections of the machinery carried out?  Yes  No  
If so, by whom and at what intervals? .....
- 7 On payment of additional premium do you wish to cover the following?  Yes  No  
If 'Yes', provide limits of indemnity: .....
- a) Escalation Amount/percentage ₹  Or  %
- b) Express Freight (excluding Air Freight), Overtime and Holiday rates of Wages. ₹
- c) Air Freight ₹
- d) Owners surrounding property ₹
- e) Third Party Liability  
- Any One Accident ₹   
- Any One Year ₹
- f) Additional Customs Duty ₹
- g) Any other extension .....
- 8 Period of Insurance:  To:

**Schedule of Machinery To Be Insured –**

- a) Each Machinery should be entered separately with necessary specification as mentioned in the table below
- b) 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 erection costs, customs duty, etc., to afford full protection under this Policy.
- c) If any of the Machinery is a 'stand by' this fact should be mentioned.
- d) All portable Machinery must be so designated. All items in the open must be so described separately.
- e) Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required.

Sr No	Quantity	Description, Type, Model, Capacity of Machines/ Sr. Nos/HP/ kVA Volts, Amps, RPM	Maker's Name and Country of origin	Year of Make	Sum Insured	Remarks (Pls. mention if stand by/spare/in open)

**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 (SECTION 41 OF THE 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/-