ERECTION ALL RISK INSURANCE - RETAIL UIN: IRDAN108RP0020V01100001

ERECTION ALL RISK INSURANCE - RETAILProposal Form



(The liability of the company does not commence until this proposal has been accepted by the company and the premium paid) Information given herein will be treated in strict Confidence. Put a ($\sqrt{\ }$) mark wherever applicable.

00				
1.	a) Name & Address of the Principal Trade or business	a)		
	b) Name & Address of the Contractor Trade or business	b)		
	c) Name & Address of the Sub Contractor, if any, Trade or Business	с)		
2.	THE INSURED INTERESTS			
	Whose Interests are to be Insured?	Principal	Contractor	Sub-contractor
3.	THE CONTRACT WORKS			
	a) Type of main plant			
	b) Full description of the Plant & Machinery to be erected, Including Capacity. (Please attach separate sheet, if necessary)			
	c) Is this a contract/sub-contract forming part of an over all erection project.	Yes	No	
	If yes, give name of the project.			
	d) Whether to be commissioned independently or with the main plant.	Independently	With Ma	ain Plant
	e) Have the Plans, Designs and Materials been already tested in any previous erection?	Yes	No	
	f) Is the installation or part thereof built for the first time	Yes	No	
	g) Are you the manufacturer, importer, buyer or contractor of the installation?	Manufacturer Im	nporter Buyer	Contractor
	h) Is the property brand new or is it second hand or used one?	Brand New	Second Hand	Used
	i) If second hand or used, state age			
	j) Will the erection be carried out by your own personnel?	Yes	No	
	If not, by whom?			
	k) Past experience of the Erector			
	I) Will any sub-contractors be taking part in the work of Erection?	Yes	No	
	If yes, what is their position as regards this insurance?			
4.	THE CONTRACT SITE			
	a) Location of site where the Plant is to be erected?			
	b) Nearest Port &/or Railway Station and distance. Note - A complete lay out of the Factory and Site may be enclosed.			
	c) i) Are any special risks of floods, fire or Explosion involved?	Yes	No	
	ii) If yes, give details			
	d) Distance from nearest river or sea - the names and particulars to be given	ven.		
	e) Elevation of Erection Site above normal river or sea level.			
	f) Is there any record of the Erection site ever having been submerged during floods?	Yes	No	
	g) Do you wish to cover earthquake (fire & shock) for risks in Earthquake Zones I & II	Yes	No	

	STORAGE ARRANGEMENTS				
	Brief description of the arrangements made for equipments				
	Whether in open or closed premises.				
	i) Will there be a watchman on duty round the clock?				
	ii) If not,what precautions will be taken against theft, damage etc.?				
5.	THE INSURANCE PERIOD -				
	a) Probable date of first shipment or dispatch				
	b) Expected date of first arrival at site.				
	c) Expected date of last arrival at site.				
	d) Probable date of commencement of erection of Plant & machinery				
	e) Probable date on which erection of Plant & Machinery is expected to	be co	ompleted finally.		
	f) Duration of testing period included in (g) below.	_		months	
	g) Period of Insurance required including from		t	0	
		tes	st run month	ns	
6.	SUM INSURED				
	6.1 a) On landed cost of imported Machinery as at Factory Site -	Rs		i.e. @ Exchange rate	_ (sub divided as under)
	i) Invoice Cost	Rs.		-	
	ii) Freight, Insurance, Handling, Clearing and Transportation charges upto Factory Site.	Rs		-	
	iii) Customs Duty	Rs		-	
	b) On machinery fabricated or manufactured in India (sub divided as	s unde	er)		
	 i) Invoice Cost including insurance, handling and clearing and transporting upto factory site. 	Rs.		-	
	ii) Freight	Rs.		-	
	c) Cost of Foundation relating to (a) & (b) above	Rs			
	 d) On Cost of Erection, including salaries of all Foreign and Indian Technicians and wages of all skilled and unskilled labour employed at Factory Site during erection. 	Rs.		-	
	e) On Civil Works				
	i) Permanent Civil Engineering Works	Rs.		-	
	ii) Temporary works	Rs.		-	
	Completely Erected value	Rs.		-	
	6.2 Clearance and Removal of Debris	Rs.		-	
	6.3 Construction Plant and Machinery to be used at the Project Site. (Details as per attached list)	Rs			
	6.4 Insured's own Surrounding Property	Rs			
	6.5 a) On increased replacement value (including duty on such additional replacement value) which may have to be paid on replacement of imported Plant and Machinery as per item 12.1 (a) above.	Rs		-	
	 b) On increased replacement value which may have to be paid on replacement of indigenous Plant and Machinery as per item 12.1 (b) above. 	Rs		-	
	c) Escalation on 12.1 (d) -	Rs			
	- On increased replacement value	Rs.		-	

$\overline{}$
0
8
0
0
=
÷
0
\sim
6
2
$\overline{}$
0
ட
œ
∞
õ
$\overline{}$
7
5
◂
Δ
Ж
⋍
• •
7
≤
\equiv
_
_
=
⋖
$\stackrel{\sim}{}$
ш
ď
Ψ,
ш
Ė
SE-
SE-
ANCE -
ANCE -
ANCE -
RANCE -
URANCE -
RANCE -
SURANCE -
SURANCE -
INSURANCE -
INSURANCE -
INSURANCE -
INSURANCE -
SK INSURANCE -
SISK INSURANCE -
SK INSURANCE -
RISK INSURANCE -
L RISK INSURANCE -
LL RISK INSURANCE -
ALL RISK INSURANCE -
LL RISK INSURANCE -
ALL RISK INSURANCE -
ALL RISK INSURANCE -
IN ALL RISK INSURANCE -
ON ALL RISK INSURANCE -
ON ALL RISK INSURANCE -
TION ALL RISK INSURANCE -
TION ALL RISK INSURANCE -
CTION ALL RISK INSURANCE -
ECTION ALL RISK INSURANCE -
ECTION ALL RISK INSURANCE -
RECTION ALL RISK INSURANCE -
ECTION ALL RISK INSURANCE -
RECTION ALL RISK INSURANCE -
RECTION ALL RISK INSURANCE -
RECTION ALL RISK INSURANCE -
RECTION ALL RISK INSURANCE -

- On reconstruction of -						
- Permanent Civil Works	Rs.					
- Temporary Works	Rs					
6.6 Extra charges for Express Freight (excluding Air Freight) Overtime, Sunday and Holiday rates of wages viz., Expediting cost	Rs					
6.7 Additional Customs Duty	Rs					
6.8 Air Freight	Rs					
6.9 A). Third Party Liability -						
a) For any one accident	Rs					
b) For all accidents during the period	Rs.					
TOTAL SUM INSURED						
B). Cross Liability, if required		Yes		No		
Do you wish to opt for Higher amounts of deductible excess?		Yes		No		
If yes, (specify)						
a) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?		Yes		No		
b) If yes, please state the name of the Insurance Co.		Yes		No		
Has any such proposal been -						
a) Declined?		Yes		No		
b) Withdrawn?		Yes		No		
c) Accepted subject to an increased rate or special conditions?		Yes		No		
Do you require MARINE/TRANSIT Insurance cover		Yes		No		
If yes, the following questions are to be answered -						
a) Are there any fragile items like Refractory materials, Asbestos Cement Sheets, Porcelain materials, equipments, Fire Bricks, Graphite Electrode etc.		Yes		No		
If yes, please give their value, description and mode (whether packed in cases or loose)						
a) Do you want cement to be covered?		Yes		No		
b) If yes, give its value and mode of packing(whether packed in gunny bags or paper bags)						
Please give particulars of voyage for imports.						
What is the limit required -						
a) Per any one shipment? (In case of imports)						
b) Per any one dispatch? (In case of indigenous materials)						
Please state (for Inland Transit) -						
a) How the goods will be transported to site of erection?		By Rail	By Steamer	By Lorry	By Country Craft	
b) How many Transhipment will be there?						
c) Special hazards, if any, in transporting goods from Station/Port to erection site.						
Do you require War & S.R.C.C. Risk to be cover Overseas/inland transits?		Yes		No		
Do you wish to opt for excess under marine/transit losses		Yes		No		

NAME & TITLE OF SIGNATORY

AML Guidelines

DATE: D D M M Y Y Y Y

- 1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- 2. I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

Non-Indian If Non-Indian, please specify the Country: 'Type of Quagnization Declaration: (Full Normal in my capacity as an insurance in the proposer who has understood and confirm date same. Signature of the Proposer Signature of the Proposer Advisor's Sposified Pisson of the Company of the Broker/Relationship Officer, do benefit declaration in my capacity as an insurance in the Proposer of the Broker/Relationship Officer, do benefit declaration in proposer who has understood and confirm of against insurance and confirm of the Proposer of the Broker/Relationship Officer, do benefit declaration in proposer of the Proposer of th	"Politically Exposed Personamended from time to time		have the	meaning	g assigned	d to it un	der Pre	evention	of M	/loney-Lau	nderi	ng (N	/lainter	ance o	f Reco	rds) Aı	nendn	nent F	₹ules	, 2023	as	
Corporations Governments Trust Partnership Non Governmental Organizations Society	• Nationality : Indian	Non	-Indian	ľ	f Non-Indi	an, please	e speci	y the C	ountry	y:												
PAN card number (Mandatory): Bank Details Name of the Account Holder: Name of the Account Holder: Name of the Account Mumber: Seacount Current Account Others (Please specify) Account Number: For Account: Seacount Current Account Others (Please specify) Account Number: FSC Code: Delarration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms is conditions. Signature of the Proposer Name & Signature of Signature of Signature of Accounts The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms is conditions. Signature of the Proposer Name & Signature of Signature of Signature of Signature of the Proposer who has understood and confirmed the same. Signature of the Proposer Agent Declaration: Fall Name) in my capacity as an incurance Activeor' Specified Person of the Concorate Agent Authorized amployee of the Broker/Relationship Officer, do hereby declared the Signature of the Great Agent Authorized amployee of the Broker/Relationship Officer, do hereby declared the Company and the Proposer, if this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any unitrue statements/ informstion/responsed lavier contained in this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any unitrue statements/ informstion/responsed lavier or or officer or questions contained in this Proposal accepted by the Company for issuance of the Policy in the Signature of Agent Explained in this Proposal and or with a signature of the specified Person and code Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 1. No person shall allow or offer to allow either directly or indirectly or indirectly as an inducement to	Type of Organization																					
PAN card number (Mandatory): Bank Details Name of the Account Holder: Name of the Account Holder: Name of the Bank: Type of Account: SB Account Current Account Others (Please specify) Account Number: IFSC Code: Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions. Signature of the Proposer Wernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print): The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same understood the confirmed the confirmed the same understood the confirmed the confi	Corporations	Governme	nts	Tru	ıst Partner	ship		1	Non G	overnmen	ital O	rganiz	zations		S	ociety						
Rame of the Account Holder: Name of the Account Holder: Name of the Bank: Type of Account: SB Account Current Account Others (Please specify) Account Number: IFSC Code: Declaration: The content of this form along with product benefits, terms/conditions and oxclusions have been clearly explained to me. live have understood these and confirm to abide by the policy terms & conditions. Signature of the Proposer Name & Signature of agent/intermediany Code: Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print): The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of the Proposer Name & Signature of agent/intermediany Agent Declaration: [Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that, it have explained by the proposer form, including to the questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company of the Successor of the Proposer including statements, information alegances is submitted to the proposer form to the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company of the Successor of the Proposer including statement of the Company	Trust	Partnership	,	International Organization				(Section 25 Company					
Name of the Account Holder: Name of the Bank: Type of Account: SB Account Current Account Others (Please specify) Account Number: IFSC Code: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms a conditions. The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms a conditions. Signature of agent/intermediary: Code: Vernacular Declaration The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of agent/intermediary: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of agent/intermediary: [Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form including to questions contained in this Proposal Form to the Proposer including statements and are sponsely submitted by limither in this Proposal Form including to questions contained herein or any details sought herein will from the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal Form including to questions contained need to a representation of the proposer, if this Proposal Form including the proposer of	PAN card number (Manda						Aa	dhar c	ard numb	er:												
Name of the Bank: Type of Account: SB Account Current Account Others (Please specify) Account Number: IFSC Code: Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms of conditions. Signature of the Proposer Name 6 Signature of agent/intermediary: Code: Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print): The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of the Proposer Signature of the Proposer Mame 6 Signature of agent/intermediary: Agent Declaration: [Full Name) in my capacity as an insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including nature of the questions contained in this Proposal Form to the Proposer including statements, information and responsels) submitted by him/her in this Proposal coupled by the Company for issuance of the Prolicy. I have further explained that if any untrue statements! information/responsels is start contained in this Proposal Form to the proposer including statements by information and responsels) started to the questions contained herein on any declars output herein will form the basis of the Contract of insurance between the Company and the Proposer, if this Proposal Form will be proposed for the questions contained herein on any declars output, there is will be provided the company and the Proposer, if this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any untrue statements! information/responsels is started to the insurance in this Proposal Form in this any such the started that is any untrue statements! information and r	Bank Details																					
Type of Account: S8 Account Current Account Others (Please specify) Account Number: IFSC Code: Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions. Signature of the Proposer Name & Signature of agent/intermediary: Code: Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print): The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of the Proposer Mame & Signature of agent/intermediary Agent Declaration: (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Author/ized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including to nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to the Questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the rappart of any details sought herein will form the basis of the Contract of Insurance between the rappart of any details sought herein will form the basis of the Contract of Insurance between the rappet or any details sought herein will form the basis of the Contract of Insurance between the rappet or any details sought herein will form the basis of the Contract of Insurance between the rappet or any details sought herein will form the basis of the Contract of Insurance between the rappet of any detail and the rappet of the Propose, if this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s) information/responsels layer contained in this Proposal accepted by the Co	Name of the Account Ho	older:																				
Account Number: IFSC Code: Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms 6 conditions. Signature of the Proposer Mane 6 Signature of agent/intermediary: Code: Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print): The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of the Proposer Name 6 Signature of agent/intermediary: [Full Name] in my capacity as an insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including to questions contained herein or any details sought herein will from the basis of the Contract of Insurance Detween the Company and the Proposer to questions contained herein or any details sought herein will from the basis of the Contract of Insurance between the Company and the Proposer for the Stroker Relationship Officer, do hereby declare that I have explained that if any untrue statement(s) information and response ubmitted by himber in this Proposal Tot questions contained herein or any details sought herein will from the basis of the Contract of Insurance between the Company and the Proposar for the Questions contained in this Proposal Form (including addendumids, affidiavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payed and further more if there has been a non-disclosure of any meterial fact, the policy issued to his/her favor pursuent to this Proposal may be treated by the Company null and void and all preniums paid under the Policy may be forfeited to the company. License No. Intermediary/Corporate Agent/Broker/Relations	Name of the Bank:												Bran	ch:								
Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions. Signature of the Proposer Wernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print): The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of the Proposer Signature of the Proposer	Type of Account:		SB	Accoun	t [Curr	ent Ac	count		Oth	ers (P	lease	specif	y)								
Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms of conditions. Signature of the Proposer Name 8 Signature of agent/intermediary Code: Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print): The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of the Proposer Name 8 Signature of agent/intermediary Agent Declaration: [Full Name] in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including to nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal cocepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s) information/response(s) is accordance of the Proposer, if this Proposal cocepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s) information/response(s) is are contained in this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s) information/response(s) is are contained in this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s) information/response(s) is are contained in this Proposal accepted by the Company had all premiums paid under the Policy may be forfield to the company had all premiums paid under the Policy may be forfield to the company. License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) Name of the specified Person and code Place: Date:	Account Number:																					
The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions. Signature of the Proposer :	IFSC Code:																					
Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print): The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of the Proposer : Name & Signature of agent/intermediary : Agent Declaration: (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including to nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s), information and response(s) is/are contained in this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal accepted by the Company of the proposer, if this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal accepted by the Company of the rehas been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company untl and void and all premiums paid under the Policy may be forfeited to the company. License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) Name of the specified Person and code Place: Date: Signature of Agent: Signature of Agent: Signature of Agent: Signature of Agent: Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to tak	The content of this form a abide by the policy terms	& conditio		·									d to me	e. I/we h	nave ur	ndersto	od the	se an	d coi	nfirm t	0	
The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature of the Proposer :	Name & Signature of ager	nt/intermed	liary :											Code	e:							
understood and confirmed the same. Signature of the Proposer Signature of the Proposer	Vernacular Declaration (C	Certificatio	n in case	the prop	oser has s	signed in	vernac	ular/th	umb p	orint):												
Agent Declaration: (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Forto questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal Forto questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal accepted by the Company for issuance of the Policy, I have further explained that if any untrue statement(s), information/response(s) is/are contained in this Proposal accepted by the Company shall have the right to vary the benefits which may be payal and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company until and void and all premiums paid under the Policy may be forfeited to the company. License No.(Intermediary/Corporate Agent/Broker/Relationship Officer)	understood and confirmed	d the same										laine	d by m	e in ver —	nacula	r to the	: propc	ser w	/ho h	ıas		
(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including to nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s) information/response(s) is/are contained in this Propos Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payad and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company null and void and all premiums paid under the Policy may be forfeited to the company. License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) Name of the specified Person and code Place:	Name & Signature of ager	nt/intermed	liary :											_								
Name of the specified Person and code Place:	I, Corporate Agent/Authoriz nature of the questions co to questions contained he accepted by the Company Form/including addendum and further more if there I	ontained in erein or an y for issua n(s), affidav has been a	this Property details some of the vits, stater non-disc	osal Forn sought he Policy. I ments, su losure of	m to the Pi erein will I have furt ubmission f any mate	roposer in form the ther expla s, furnishe erial fact, t	ncluding basis of lined the ed/to be the poli	g staten f the Co at if an e furnis cy issu	eclare nent(s ontrac y untr hed, tl	that I have s), informa of of Insura rue statem he Compa	e exp tion a ance l nent(s ny sh	laine ind re betwe)/ info all ha	d all the sponse en the ormatic live the	e conte e(s) sub Compa on/respo right to	nts of mitted any an onse(s) vary th	this Pro by hin d the F is/are ne bene	oposal n/her ir Propose contair	Form this er, if the ned in	n, incl Prop his P n this nay b	luding osal Fo roposa Propo e paya	the orm al is osa able	
Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 1. 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 a 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 premium shown on the policy, nor shall a person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees. Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read Policy Wordings carefully, before concluding sale. Section 64 VB of the Insurance Act 1938 Commencement of risk cover under the policy is subject to receipt of premium by Tata AlG General Insurance Company Limited.	License No.(Intermediary	//Corporate	e Agent/B	roker/Re	lationship	Officer)																
Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 1. 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 a 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 premium shown on the policy, nor shall a person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees. Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read Policy Wordings carefully, before concluding sale. Section 64 VB of the Insurance Act 1938 Commencement of risk cover under the policy is subject to receipt of premium by Tata AlG General Insurance Company Limited.	Name of the specified Pe	erson and c	ode																			
1. 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 a 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 premium shown on the policy, nor shall a person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees. Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read Policy Wordings carefully, before concluding sale. Section 64 VB of the Insurance Act 1938 Commencement of risk cover under the policy is subject to receipt of premium by Tata AlG General Insurance Company Limited.	Place:		ate:			Signa	ture of	Agent:														
PLACE :	No person shall allow of kind of risk relating to live person taking out or renew the insurer. 2. Any person Insurance is the subject n sale. Section 64 VB of the Insurancement of risk commencement of risk commencement.	or offer to s or prope wing or co making de natter of the trance Act over under	allow eith rty in India ntinuing a afault in co he solicita	ner direct a, any re a policy a omplying ation. For	tly or indir bate of the eccept any g with the	rectly as a e whole o rebate, e provision tails on ri	n indu r part o xcept s s of thi sk fact	cement of the co uch reb s section ors, ter	to anommis pate as on shal	ny person ssion paya s may be a Il be liable	to tak able o allowe for p ons, p	r any r any ed in a enalt	t or rer rebate accord y which	of prer ance wi may e	mium s th the extend	hown o publish to ten l	on the ned pro lakh ru	policy spect pees.	y, noi tus o	r shall a r table:	any s of	

TATA AIG GENERAL INSURANCE COMPANY LIMITED

SIGNATURE OF PROPOSER