

PROPOSAL FORM -
CONTRACTOR’S PLANT & MACHINERY INSURANCE POLICY



Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093,Maharashtra.
Tel. : 022-41659800 / 900, Email : contactus@universalsompo.com

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)
Important: These are the minimum requirements to be furnished by You. We may seek any other information as desired for underwriting purposes.
1) Please tick the boxes wherever applicable. Please fill in CAPITALS. 2) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. 3) All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover. All fields are mandatory.

Intermediary Name, Contact No, Code & Email Id	
Intermediary Sales Person’s Name, Contact No & Code	
Source Code / POS UID Aadhar No./PAN	
Policy Issuing Office Address & Code	

INSURED DETAILS

Name of the Proposer	
Communication Address	
Mobile No & e-Mail address	
Proposer's Trade or Business	
Location of Operation (Site of Property to be Insured)	

OTHER INFORMATION

1	Do the items listed represent the entire machinery used by you at the above location.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	a. Are you at present Insured? b. If so, with whom ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Has any company - a. Declined to insure any of the Machinery now proposed b. Required an increased premium or imposed special conditions c. Requested for repairs or made other special stipulations for risk improvement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Are you aware of any defects/ damages existing in the machinery. If yes, give details thereof	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Do you own or use any equipment other than that described above working on the same site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Is any of the equipment now proposed; a. Licensed for road use? If so, give details b. Covered by any other insurance? If so give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Are you the owner of the proposed equipment? a. If yes, will you be hiring out? b. If the equipment is hired; Is Insurance your responsibility c. Is maintenance and operation your responsibility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Are the premises where the equipment operates well guarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	a. What is the site condition where the equipment will be utilized? b. Are the equipment likely to operate on reclaimed or soft ground? c. Are the equipments likely to operate underground? d. Are ground condition such that equipment are exposed to the risk of toppling over? If Yes, pls give details e. Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give detail and safety precautions taken.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Will equipment belonging to other contractors operate on the same site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Do you have trained and qualified operators? Are there any statutory rules governing the appointment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Which of the equipments are required to be inspected and certified for operation by statutory rules?		
13	a. Has your machinery sustained any damage from breakdown or other cause during last 3 years? b. If so, give details of damage/s and Repairing cost	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	a. Is regular periodical inspection of the machinery carried out? b. If so, by whom and at what intervals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PREVIOUS INSURER DETAILS

Policy No.	Name of Insurer	Policy Period	Premium Paid - Rs	No of Claims	Claim Amount-Rs

SCHEDULE OF MACHINERY TO BE INSURED

Sr. No	Qty	Description Type, Model, Capacity of Machines / Serial Nos./ HP/ KVA Volts, AMPS, RPM	Maker's Name & Country of origin	Year of Make	Sum Insured

Add-ons/Clauses opted for:

ADD ON/CLAUSES	

Kindly provide an annexure if the proposer is unable to mention all the selected add-ons/ clauses

GUIDE NOTES -

I. Each Machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3. Full description with identification no. Etc. of each and every equipment with valuation should be declared. II. 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 foundations, erection costs, customs duty, etc., to afford full protection under the Policy. III. If any of the Machines is a 'Stand by' this fact should be mentioned. IV. All Portable Machines must be so designated. V. All items in the open must be so described separately. VI. Transit risks from site to site will be excluded. VII. The proposals with Sum Insured more than Rs.5 crores shall be referred to Corporate Underwriters for finalization of special rates, terms and conditions.

Payment Details:

Payment Option : ☐ Cheque☐ Demand Draft ☐ Fund Transfer ☐ Pay Order ☐ Debit Card ☐ Credit Card

Premium Amount Rs.

Amount (In Words):

For Cheque/DD/PO (Payable in favour of Universal Sompo General Insurance Company Ltd)

Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Debit / Credit Card No:	Expiry Date:
Fund Transfer/Wallet : Name of Bank/Wallet	Transaction No.
PAN Number :	TAN Number :

Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

☐ AML Declaration:

AML Guidelines:

1.I/We hereby confirm that all premiums have/will be paid from bonafide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.

2.I understand that the company has the right to call for documents to establish the sources of funds.

3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India.

4.Nationality: Indian ☐ Non-Indian ☐

If Non-Indian, please specify the country_____

☐ Declaration by Insured

I/We desire to insure with Universal Sompo General Insurance Company Limited and confirm that the statements as contained in this application are true and accurate representations to the best of my knoweldge. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.

I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions prescribed by the Company. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.

I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy”.

I am/we are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsompo.com).

I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request”.

I hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.

Place _____

Date _____

Signature of Proposer _____

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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 any kind or 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Universal Sompo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708
Toll Free No : 1800 200 4030 / 1800 22 4030 I Tel No.: 022 41690888/41690999

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police compliant along with details of phone call and number.
CIN: U66010MH2007PLC166770