




| | | | |
|-----|-----|---|--|
| 5. | a | Are you aware of any defects/damage existing in the machinery ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b | If so, give details thereof | |
| | | | |
| | | | |
| 6. | | Do you own or use any equipment other than that described above working on the same site? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | | 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. | |
| | | | |
| | | | |
| 8. | a. | Are you the owner of the proposed equipment? If yes, will you be hiring out? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b. | If the equipment is hired; | |
| | i) | Is insurance your responsibility ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | ii) | Is maintenance and operation your responsibility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | | Are the premises where the equipment operates well guarded? | |
| 10. | a. | What is the site condition where the equipment will be utilised? | |
| | | | |
| | | | |
| | b. | Are the equipments likely to operate on reclaimed or soft ground? | |
| | | | |
| | | | |
| | | | |



| | |
|--|--|
| <p>c. Are ground conditions such that equipment are exposed to the risk of toppling over? If so, give details?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>d. Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities ? If so, give details and safety precautions taken.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>11. Will equipment belonging to other contractors operate on the same site?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>12. Do you have trained and qualified operators ? Are there any statutory rules governing the appointment ?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>13. Which of the equipments are required to be inspected and certified for operation by statutory rules ?</p> | |
| <p>14. a. Has your machinery sustained any damage from breakdown or other cause during last 3 years?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>b. If so, give details of damage/s and repairing cost</p> | |
| <p>15. a. Are regular periodical inspections of the machinery carried out ?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>b. If so, by whom and at what intervals?</p> | |
| <p>16. On payment of additional premium do you wish to cover :</p> | <p>If yes, provide limits of indemnity.</p> |
| <p>a. Express freight (excluding air freight), overtime and holiday rates of wages</p> | <p>Rs. <input type="checkbox"/> No</p> |
| <p>b. Air Freight</p> | <p>Rs. <input type="checkbox"/> No</p> |
| <p>c. Owner's surrounding property</p> | <p>Rs. <input type="checkbox"/> No</p> |



| | | | | | | |
|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------------|--|------------------------------------|
| Payment Details | | | | | | |
| Mode of Payment: | <input type="checkbox"/> Cheque | <input type="checkbox"/> DD | <input type="checkbox"/> Cash | <input type="checkbox"/> Others | | |
| Cheque - Given by: | <input type="checkbox"/> Spouse | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Son/Daughter | <input type="checkbox"/> Employer/Employee | <input type="checkbox"/> Financier |

 To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.

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.

Proposer's Signature

Place : _____

Date : _____

Seal

The following is the copy of section 41 of the Insurance Act 1938

PROHIBITION OF REBATES

1. No person shall allow or offer to allow either directly as an inducement to any person to take out or 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 in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be punishable with a fine, which may extend to Ten Lakh rupees.

