

## CONTRACTOR'S ALL RISKS INSURANCE POLICY

### PROPOSAL 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 (✓) mark wherever applicable.)

Sr. No.	Details	Answer
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	c)
2.	<b>THE INSURED INTERESTS -</b>	
	Whose Interests are to be Insured?	Principal <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-contractor <input type="checkbox"/>
3.	<b>THE CONTRACT WORKS -</b>	
	a) Full Description of the Contract	
	b) Please give details –  (i) Building (type of construction, number of storeys etc.) (ii) Blasting operation (iii) Excavation work (iv) Pile driving (v) Tunnelling (vi) Dam Construction or diversion of water (vii) Others (Specify)  <b>Note - A site plan of contract works may be enclosed.</b>	
4.	a) Is this a contract/sub-contract forming part of an overall Construction project?	a) Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, give name of the project.	b)

5.	a) Will the construction be carried out by your own personnel?	a) Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) If not, by whom?	b)	
	c) Past experience of the Contractor	c)	
6.	a) Will any sub-contractors be taking part in the work of Construction?	a) Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) If yes, what is their position as regards this insurance?	b)	
7.	<b>THE CONTRACT SITE -</b>		
	a) Location of contract site	a)	
	b) Nearest Port &/or Railway Station and distance.	b)	
	Note - A complete lay out of the site may be enclosed		
8.	a) Are any Special Risks of one or more of the following involved?		
	(i) Earthquake-Fire & Shock	i) Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(ii) Landslide/Rockslide/ Subsidence	ii) Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(iii) Flood/Inundation	iii) Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(iv) Storm/Tempest/Hurricane/Typhoon/ Cyclone	iv) Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(v) Collapse	v) Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(vi) Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea.	vi) Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) Distance from nearest river, lake, reservoir or sea - the names and particulars to be given.	b)	
	c) Elevation of construction site above normal river, lake, reservoir or sea level	c)	
d) Is there any record of the construction site ever having been affected by any of the major perils specified in (a) above?	d) Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9.	Give full details regarding geological condition including sub soil.		
10.	<b>STORAGE ARRANGEMENTS -</b>		
	a) Brief description of the arrangements made for storage of construction materials and equipment's - whether in open or closed premises.		
	b) i) Will there be a watch and ward round the clock?	b) i) Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ii) If not, what precautions will be taken against theft, malicious damage etc.?	ii)	

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11.	<b>THE INSURANCE -</b>		
	a) Estimated construction period excluding maintenance period (cover to commence from the date of first arrival of consignment material at site or commencement of work whichever is earlier)	a)	
	b) Cover required during maintenance period, if any.	b)	
	c) Probable date on which construction is expected to be completed	c)	
	d) Period of Insurance required	From _____ To _____	
12.	a) Have you approached any other Insurance Co. for insurance cover in respect of this Proposal?	a) Yes <input type="checkbox"/> No <input type="checkbox"/>	
	b) If yes, please state the name of the Insurance Co.	b)	
13.	Has any such proposal been -		
	a) declined?	a) Yes <input type="checkbox"/> No <input type="checkbox"/>	
	b) withdrawn?	b) Yes <input type="checkbox"/> No <input type="checkbox"/>	
	c) accepted subject to an increased rate or special conditions?	c) Yes <input type="checkbox"/> No <input type="checkbox"/>	
14.	<b>SUM INSURED -</b>		
	i) Contract works -		
	<b>Note-</b> 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	(i) Rs. _____	
	c) Any additional items not included in (a) and (b) above	(ii) Rs. _____	
	d) Landed cost of imported items as at construction site (please specify whether included in (a) and/or (b) above) at Exchange Rate -----	(iii) Rs. _____	
		(iv) Rs. _____	
	<b>TOTAL VALUE OF CONSTRUCTION</b>		Rs. _____
	ii) Construction Plant & Machinery to be used at the construction site (Details as per attached sheet).	b) Rs. _____	
iii) Clearance & Removal of Debris	c) Rs. _____		
iv) Insured's own surrounding property	d) Rs. _____		

	v) Extra charges for Express Freight (excluding Air Freight) overtime Sunday & Holiday rates of wages, if required.	e) Rs. _____
	vi) On increased Replacement value for items i) (a) (b) & (d) above, if required	Rs. _____
	vii) Third Party Liability – a) For any one accident b) For all accidents during the period	i) Rs. _____ ii) Rs. _____
15.	Do you wish to opt for higher amounts of deductible excess?	c) Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, whether (i) 2 Times (ii) 5 Times (iii) 10 Times (iv) 20 Times	

**Declaration:**

"I/We desire to insure with NAVI GENERAL INSURANCE LTD ("Company") in respect of the Project described in this proposal form and statements contained herein, shared by me digitally or otherwise either through Company website, emails, Mobile application or any such mode of communication are true and accurate representations. **I/We undertake and confirm that:**

- a) If any of the statements made herein are found to be false or incorrect, the benefits under this policy would stand forfeited.
- b) This application and declaration shall be promissory and shall be the basis of contract between me/us and the Company.
- c) I/We have read and understood the coverages, the terms and conditions and accept the Company's policy of insurance along with said conditions.
- d) If any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information submitted by me/us after the submission of this proposal form, then the same would be conveyed to the Company immediately, failing which the benefits under the policy would stand forfeited.
- e) The Company may take appropriate measures to capture the voice log for all telephonic transactions carried out by me/us as required by the procedure/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation.
- f) The insurance would be effective only on acceptance of this application by the Company and the payment of requisite premium 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.
- g) I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.

**Date:**
**Place:**
**Signature of Proposer**

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Registered Office: Navi General Insurance Limited

 402, 403 & 404, A & B Wing, 4<sup>th</sup> Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai – 400099

Corporate Office: Salarpuria Business Centre, 4th B Cross Road, 5th Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095

 Toll-free number: 1800 123 0004 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [insurance.help@navi.com](mailto:insurance.help@navi.com)

CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

**INTERMEDIARY DETAILS (FOR OFFICE USE ONLY)**

Branch Office _____	Intermediary Code _____
Branch Code _____	Intermediary Name _____
Business Sector Urban/Rural/Social	Intermediary contact Number _____

**SECTION 41 OF INSURANCE ACT, 1938**

- 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 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 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 Insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Rupees Ten Lakhs.