

18.	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 so, 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.			
19.	Will equipment belonging to other contractors operate on the same site?			
20.	Do you have trained and qualified operators? Are there any statutory rules governing the appointment?			
21.	Which of the equipments are required to be inspected and certified for operation by statutory rules?			
22.	a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If so, give details of damage/s and Repairing cost		b)	
23.	a) Is regular periodical inspection of the machinery carried out?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) If so, by whom and at what intervals?		b)	
24.	On payment of additional premium do you wish to cover –		If Yes, provide limits of indemnity	
	a) Escalation	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Owner's surrounding property Air Freight	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) Third Party Liability			
	i) For any one accident	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ii) For any one Year	Rs. _____		
	d) Express Freight Clearance & Removal of Debris	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e) Air Freight	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	f) Additional Custom Duty	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	g) Floater cover	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	h) Clearance & removal of debris	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	i) Dismantling of CPM Equipment And Shifting To a new location	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

j) Cover for plant & machinery working underground				
k) Terrorism	Rs. _____	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

ANNEXTURE OF MACHINERY TO BE INSURED –

S. No.	Quantity	Description Type, Model, Capacity of Machine/ Serial No. HP/ KVA Volts, AMPS, RPM	Maker's Name and Country of Origin	Year of Make	Sum Insured
1	2	3	4	5	6

Guide notes -

- 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.
- 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.
- If any of the Machines is a 'Stand by' this fact should be mentioned.
- All Portable Machines must be so designated.
- All items in the open must be so described separately.

25. Declarations:

- I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law. OR

I/We hereby confirm that the premium payment has been paid by _____, who is having an insurable interest in my/our policy under this _____ application form. In case of any refund, please process the same in below mentioned proposer's bank account.

- iv. I/we am/are (please tick all that are applicable)
High Net Worth Individual/s ☐ Non-Resident Indian/s ☐ Politically Exposed Person/s ☐ Jeweller/s
Non-Governmental Organization ☐ Film Actor/s Producer/s ☐
- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.
It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the FGIICL Privacy Policy, available at <https://general.futuregenerali.in/privacy-policy>.

Proposer's Signature: _____ Place: _____ Date: _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, where available/chosen, your eIA and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box ☐

26. Payment details:

Mode of Payment	
Payment Details	
Amount in (Rs.)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/- The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

27. Bank Details Of Proposer For Refund Or Claim Purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*)

Bank Name & Branch	
Bank Account Number	
IFS Code	

28. Nominee Details

Name	
Date of Birth	
Relationship with the proposer	
Mobile Number	
E-Mail ID	
Address of Nominee	
Present address	
Permanent address: ((if left blank, will be construed as being same as Present Address))	
Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	

IFS Code	
Authorized person details (in case nominee is a minor)	

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: _____

Intermediary's Code: _____

Intermediary's Signature: _____

SECTION 41 OF INSURANCE ACT, 1938 – PROHIBITION OF REBATES

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 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 provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

*****END*****