Date	: _		Signature of	Proposer
Place	e:			
		ree and undertake to convey to Reliance General Insurance Company Limited any additions/altreathersubmission of this proposal form.	erations carried o	ut in the risk proposed for
belie bein	f. It g gra	reby declare that the statements, answers and particulars given by me / us in this proposal form are is hereby understood and agreed that the statements, answers and particulars provided hereinabnted and that if, after the insurance is affected, it is found that any of the statements, answers the Company shall have no liability under this insurance.	ove are the basis	on which this insurance is
	b.	If yes please specify	Rs.	
21.	a.	Do you wish to opt for higher amounts of Deductible Excess?	Yes	No
20.	W	nether DSU & ALOP policy to be availed	□ DSU	ALOP
	b.	Total Sum Insured at one Location	Rs.	
19.	a.	Is terrorism cover opted for	Yes	□ No
		ii) If yes please specify the sum insured	Rs.	
	r.	i) Whether cover for Offsite Storage is required	☐ Yes	□ No

## Prohibition of rebates - Section 41 of The Insurance Act 1938

- 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 published prospectuses 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 Rs. 500/-



A Reliance Capital Company



## Proposal Form for Reliance Contractor All Risk

(Sum insured above 100 crores)

Intermediary Name

Branch Name

Intermediary Details (To be filled in BLOCK LETTERS)

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.

Sale	s Manager Name	ш	ш	_	_	_	1	_	_		_	_	_	-	_		Code			_	ب	ш	
Pro	poser Details (To be filled in	BLOC	K LE	TTERS	)																		
1.	Name of the Principal		Mr. [	Mr	s L							_		1	_								
	Business or Trade											1							_	1			
	Correspondence Address																						
	Flat Building	$\Box$				1		ш				1	_	1	_				_				
	Road/Street/Sector	$\Box$				1	1					1	1	1	1	1 1 1				1			
	Area					1					_	1	_	1	_				_				
	Taluka/Village/District/City	بياء				1	1					1	1	1	1		Pin Code	, L					
	State	$\Box$				1		ш				1	1	1	_		Country	L	_				
	Phone	Ш				1	1					1	1	1	1	Mobile							
	Email												J F	ax					_				
Con	tractor Details (To be filled i	in BLC	оск ц	ETTE	RS)																		
2.	Name of the Contractor		Mr. [	] Mr	s L														_				
	Business or Trade																						
	Correspondence Address																						
	Flat Building	Ш																					
	Road/Street/Sector	Ш																					
	Area																						
	Taluka/Village/District/City	ـــا،															Pin Code	. L					
	State	Ш															Country	L					
	Phone	Ш														Mobile	ــــــــــــــــــــــــــــــــــــــ						
	Email												J F	ax					_				
Sub	-Contractor Details, if ap	plica	able	(To b	e fille	d in	BLOC	K LET	TERS	)													
3.	Name of the Sub-Contracto	or [		1r. 🗆	Mrs											1 1 1							
	Business or Trade			1	1	ī							,			1 1 1							
	Correspondence Address																						
	Flat Building												1										
	Road/Street/Sector																						
	Area																						
	Taluka/Village/District/City	ــا،															Pin Code	, L					
	State																Country	L					
	Phone		ш														نَــا					ш	
	Email												J F	ax									
4.	Period of Insurance	Fron	n L	d d	d m	<sub>L</sub> m	у	У	у	У			Т	O		d d m	m y	у ј	/ <u>y</u>	1	ă.	会社	Sec. 100

Pο	licy	Details				
		) tick mark wherever applicable				
5.		nose interests to be insured?	Principal	Contracto	r Sub-contractor	
6.	The	e contract work –				
	a.	Full description of the contract				
	ь.	Please give following details -				
		i) Building (Type of construction, number of storeys etc.)				
		ii) Blasting operation				
		iii) Excavation work				
		iv) Pile driving				
		v) Tunneling				
		vi) Dam construction or diversion of water				
		vii) Others (Specify)				
	No	te – Site plan of contract works may be enclosed.				
7.	a.	Is this a Contract/Sub-contract forming part of an over all construction part of an over all constructions are all constructions and construction part of an over all constructions are all constructions and constructions are all con	roject	☐ Yes	□ No	
	ь.	If yes, give name of the project				
8.	a.	Whether Green Field Project or Expansion	☐ Gi	een Field	Expansion	
	ь.	If the project is meant for construction of Main Occupancy or for Auxiliary	Facility 🔲 M	ain Occupancy	Auxiliary Facili	ity
	c.	Will the construction be carried out by your own personnel?		☐ Yes	□ No	
		i) If not, by whom?				
		ii)Past work experience of the Contractor				
		iii)Past claim experience of the Contractor/Principal/Sub Contractor in pre	vious similar proje	ects		
9.	Wi	ll any sub-contractors be taking part in the work of construction?		☐ Yes	□ No	
		If yes, what is their position as regards this insurance?				
10		e Contract Site –				
		No of locations to be covered				
		Location of Contract Site				
	٥.	Ecodion of conduct Site				
	c.	Nearest port and/or railway station and distance				
	No	ite – A complete layout of the site may be enclosed				
		Is there any location outside India		□ Vee	□ Na	
	e.	Is risk falling under multiple pin code location		Yes	□ No	
	f.	If Yes then	Starting Point	Yes from	No to	
11.		Are any special perils of one or more of the following involved?				
		i) Earthquake–Fire & Shock		☐ Yes	□ No	
		ii) Landslide/Rockslide/Subsidence		Yes	□ No	
		iii) Flood/Inundation		☐ Yes	□ No	
		iv) Storm/Tempest/Hurricane/Typhoon/ Cyclone		☐ Yes	□ No	
		v) Collapse		Yes	□ No	
		vi) Water Damage for 'Wet' risk i.e. contract involving construction in river	s, canals, lakes or		□ No	
	b.	Distance from nearest river, lake, reservoir or sea – the names and particu				
	c.	Elevation of construction site above normal river, lake, reservoir or sea leve	el			

	e. Special measures like early warning system taken to prevent	: flood/ EQ		
	f. Do you wish to cover earthquake?		Yes No	
	i) Whether Earthquake Cover required on First Loss Basis		☐ Yes ☐ No	
	ii) If yes,			
	- Do you require Higher Excess for Earthquake Claims?		☐ Yes ☐ No	
	- If yes please specify			
	g. Type of Fire Protection installed (TAC, NFPA, BIS, Individual	Co., Standard)		
	h. Whether Hydrant System & Hand Appliances were installed commissioned before commencement of erection activity	and if Hydrant System	Yes No	
12.	Give full details regarding geological condition including sub soil			
13.	a. Brief description of the arrangements made for storage of co	onstruction materials and equipm	nents – whether in open or closed	d premises.
	b. i) Will there be a watch and ward round the clock?		☐ Yes ☐ No	
	ii) If not, what precautions will be taken against theft, malic	cious damage etc.		
	iii) No. of storage risk at Fabricators premises or workshop to			
	iv) Months to be covered for the same		months	
	v) Sum Insured for the storage risk at Fabricators Premises	Rs		
14.	Any other good feature please specify			
15.	THE INSURANCE -			
	<ul> <li>Estimated construction period excluding maintenance perio (cover to commence from the date of first arrival of consignment material at site or commencement of work whichever is earlier)</li> </ul>	monets	ıyıy To [did[mim])	/_ У_ У _ У
	b. Cover required during maintenance period, if any i. Is Extended Maintenance cover required	Yes No		
	No. of Months to be covered	months		
	ii. Maintenance Visit Cover	Yes No		
	No. of Months to be covered	months		
	c. Probable date on which construction is expected to be com	pleted d d m m y y	ууу	
16.	a. Have you approached any other Insurance Co. for Insurance	· Cover in respect of this Proposa	l? Yes No	
	b. If yes, please state name of the Insurance Company			
17.	Has any such proposal been – a. declined		Yes No	
	b. withdrawn		☐ Yes ☐ No	
	c. accepted subject to an increas	sed rate or special conditions	Yes No	
18.	SUM INSURED -			
	a. Contract works			
	Note-Please attach schedule of quantities and rates and/or value (Permanent & Temporary works including all materials to be inc			
	i) Contract Price		Rs.	
	ii) Materials or items supplied by the Principal		Rs.	
	iii) Any additional items not included in (i) and (ii) above (e.g. Camp, Colony, and Stores etc.)		Rs.	
	iv) Landed cost of imported items as at construction site (please specify whether included in (i) and/or (ii) above)	at Exchange Rate ————	Rs.	
	TOTAL VALUE OF CONSTRUCTION	· ·		
		sian also (Dasaila e e e e e e e e e e	-ht) D-	
	<ul> <li>b. Construction Plant &amp; Machinery to be used at the construction</li> </ul>	tion site (Details as per attached	sheet) Rs.	

Removal of Debris – Limit per occurrence			
i) Up to 50 lacs please specify Sum insured	П	Yes	□No
The difference of the specific partition of		Rs	
ii) Above Rs. 50 lacs and up to Rs. 10 Crs		Yes	□ No
		Rs.	
iii) Above Rs.10 Crs. and up to Rs. 25 Crs.		Yes	No
		Rs.	_
iv) Above Rs. 25 Crs.	_	Yes Rs.	No
Is Insured's own surrounding property to be covered?		Yes	□No
i) Up to 10% of policy sum insured without FLEXA Risk		Rs.	
ii) Up to 10% of policy sum insured with FLEXA Risk		Rs.	
iii) Above 10% of the policy sum insured but with FLEXA Risks		Rs.	
iv) Above 10% of the policy sum insured but without FLEXA Risks		Rs.	
v) Is Coverage required during Maintenance Period	Ш	Yes	No
i) Whether extra charges for Express Freight (excluding Air Freight) overtime charges and wage rate applicable on Sunday & Holiday is to be covered		Yes	No
ii) If yes please specify the sum insured		Rs.	
Third Party liability (with or without cross liability extension within geographical limits of India)		Yes	□ No
i) AOA limit up to Rs. 10 Crs		Rs.	
ii) AOA limit above Rs10Cr but up to Rs25 Crs		Rs.	
iii) Above 25 Crs		Rs.	
iv) For all Accidents during the policy period		Rs.	
i) Do you want to cover additional Air Freight only		Yes	□ No
ii) If yes please specify sum insured		Rs.	
i) Do you want to cover Additional Custom Duty		Yes	□No
☐ Upto Rs 10 Cr ☐ Rs 10 Cr to Rs 30 Cr ☐ Rs 10 Cr to Rs 30 Cr			
i) Is coverage required for Automatic Reinstatement Clause		Yes	No
ii) Up to 10% of sum insured		Rs.	
iii)Above 10% of the sum insured & up to 50% of the sum insured		Rs.	
iv)Above 50% and up to full sum insured		Rs.	
Is Third Party coverage required during Maintenance Period		Yes	□No
Do you require Escalation Extension (on increased replacement value for item (a) (i) (ii) & (iv) above)		Yes	No
i) Up to 10% of the Policy sum insured		Rs.	
ii) Above 10 % of the policy sum insured and up to 50%		Rs.	
Do you require Expediting Cost including Air Freight and Express Freight beyond 30 % of net claim amount opted for		Yes	□ No
Do you require Waiver of Subrogation Clause to be granted		Yes	□ No
Do you require Waiver of Contribution Clause to be granted		Yes	□No
Do you require Design Defect Cover		Yes	□ No
Do you require continuity of cover during operational phase for Unit/Plant tested but awaiting integral testing (along with other units/ plants)		Yes	No
i) Do you require Cover for valuable documents up to Rs 50 lacs		Yes	□ No
ii)If yes please specify sum insured	Ш	Rs.	