Solarelle Insurance Pvt Ltd
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Solarelle INSURANCE

PROPOSAL FORM

(The issue of this form is not to be taken as an admission of liability)

PROPERTY ALL RISK INSURANCE

The property is not covered until the proposal is accepted and premium paid.

DETAILS ABOUT PROPOSER

1. Name of proposer

2. Address of proposer

B/R No

Tel No: (O)

Fax No:

(Mobile):

(e-mail):

PUT A ☑ MARK WHEREVER APPLICABLE

All the questions to be answered completely. Incase of shortage of space kindly enclose the information as an annexure:

3. Business of proposer	
4. Policy to be issued in favour of (List of all the parties who have insurable interest including the financial institutions)	
5. Location(s) to be covered (Full postal address with assessment No)	
6. Period of Insurance	From To
7. Would you like to cover Plinths & Foundation along with your buildings	☐ Yes ☐ No
8. Whether you have insured the same property with any other insurance company with identical coverage (If so, give details)	
9. Whether Insurance cover was declined by any other company or imposed any special conditions (If is, give details)	

10. Details of claims for the past 6 years.	
11. Fire Extinguishing Appliances installed	Please tick in the space below :
a. List the various blocks and indicate the type of protection provided for each block.	☐ Portable Extinguishers
	☐ Trailer Pumps
	☐ Fire Engine
	☐ Hydrant System
	☐ Sprinkler System
	☐ Fixed Water Spray System
b. Indicate whether annual maintenance contract for the appliances is in form	☐ Yes ☐ No
12. Is basis proposed for insurance is an reinstatement value basis? (Building/Machinery/Furniture Fixtures & Fittings)	☐ Yes ☐ No
13. Construction Details	
a. Please state material used	
i. Walls	
ii. Floor	
iii. Roof	
b. Height of the building	_____Meters _____Floors
c. Age of Building / Plant & Machinery	☐ Less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ Above 20 years

14. Building wise values

Description of block	Age (Yrs)	Height (mts)	Construction	Sum insured US$.				
				Building Including plinth	Machinery accessories	F&F, Office and other equipment's	Stocks and stocks-in process**	Other Property to be insured specifically
				US$.	US$.	US$.	US$.	US$.
Total								

Note : ** Indicates those stocks which are covered on normal basis

15. **Add-On-Cover**	**Amount to be insured/percentage wherever applicable**
a. Architects, Surveyors & Consulting Engineers fees	

b. Debris removal	
c. Public Authorities	
d. Fire Extinguishing Expenses	
e. Keys & Locks	
f. Temporary Removal	
g. Capital Additions	
h. Minor Alterations Clause	
i Escalation Clause	
j. Alterations and Repairs	
k. Internal Removal clause	
l. Vehicle Load Clause	
m. Smoke Damage Clause	
n. Sprinkler Leakage	
o. Customer's Goods	
p. Payment on account clause	
q. Deterioration of stock	
r. Money clause	Transit limit Estimate annual carryings
s. Boiler and Machinery	
t. Electronic Equipment	
u. Glass	
16. Would you like to avail discounts for voluntary Deductibles? If so the amount	☐ Yes ☐ No
17. MACHINERY BREAKDOWN	
1. Do the items listed represent the whole of the plant?	☐ Yes ☐ No
2. a. Are you aware of any defects/damage existing in the machinery? b. If so give details thereof	☐ Yes ☐ No
3. 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 ☐ No
4. a. Are regular periodical inspections of the machinery carried out?	☐ Yes ☐ No
b. If so, by whom and what intervals?	

18. Loss of Profits	
a. By whom are your accounts audited?	
b. When does your financial year end?	
Insurance History	
a. Names of the insurer covering the contents of your premises	
Cover required	
Fire loss of profit Please indicate	
i) Indemnity period	Months
ii) Sum insured	US$.
Note : Sum insured to be the estimated annual Gross Profit for indemnity period of 12 months or less. Gross Profit : Net profit before tax plus all standing charges (Alternately Gross sales turnover less variable expenses)	
Standing Charges :	
Please indicate the standing charges included :	
• Interest on Debentures, Mortgages, Loans, & Bank Overdrafts	
• Rent	
• Rates and Taxes (excluding tax on profit)	
• Salaries and wages	
• Company's Contribution to EPF	
• Maintenance expenses for building, Plant & machinery	
• Depreciation	
• Power & Fuel (fixed expenses)	
• Any other standing charges (please specify)	
• Miscellaneous standing charges (not exceeding 5% of the amount of standing charges specified)	
Add-On-Cover	**Description**
Public Utilities	
Infectious And Contagious Disease And Suicide Clause	
Claim preparation costs (including interim audit costs)	
Extensions to other premises	

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

_____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer Company Stamp: