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PROPOSAL FOR BOILER PRESSURE PLANT INSURANCE

(The property proposed for insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty General insurance Limited's Standard Policy Wordings)							
COMPANY OFFICE DETAILS (To be filled by insurer)							
2. Of Cit Dis Sta	te]				
INT	ERMEDIARY DET	AILS					
2. Age	ent/ Broker Name: ent/ Broker License Co ent/ Broker Contact N	ode:					
PRO	POSER DETAILS						
1. Nar	me of Proposer: \Box						
Roa City Stat	$y \square \square \square \square \square \square$		ea Code Code				
4. Location of risk to be covered Image: Constraint of the covered Road Image: Constraint of the covered City Image: Constraint of the covered State Image: Constraint of the covered							
	iod of Insurance (DD/	' /		To L			
	ER PRESSURE PL A ler Pressure Plant	ANT DETAILS					
1. Boi Sr No	Location	Description – Maker's Name, Maker's No., Capacity	Registration Number	Year of Make	Sum Insured		

2. Surrounding Property of the Insured Including Property held in Trust or Commission

Liberty General Insurance Limited – Proposal Form- Boiler and Pressure Plant Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013. Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656 UIN No: IRDAN150P0025V01201213

		General Insurance			
3.	Legal Liabilities to third Parties				
-	A. Personal Injury	Rs 000000000000000000000000000000000000			
4.	B. Property DamageOn payment of additional premium do you wish toA. Express freight (excluding airfreight), Overtime a				
		Rs			
	B. Airfreight	Rs 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆			
	C. Owners Surrounding PropertyD. Third Party Liability	Rs 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆			
	i) Any one Accident	Rs 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆			
	ii) Any one Year	Rs 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆			
	E. Additional Customs Duty	Rs 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆 🗆			
5.	A. In case of boiler, state if it is water tube type?	□Yes □No			
	B. If so, what is the evaporative capacity per hour.				
6.	State how boiler is fired e.g Oil, Gas Coal or pulverized fuel				
7.	A. Do you wish to include main steam piping?B. If so, state whether cover required within 20 meter	\Box Yes \Box No rs or 100 meters radius of the Boiler			
		□ 20 m □100 m			
8.	A. Are all the items in good condition?B. Give particulars of any defects	□Yes □No			
9.	A. Which items of Plant are subject to periodical inspection?				
	B. By whom are they inspected, and at what intervals?				
	 C. Date of last inspection, working pressure approved, and period of such approval (attach copy of last report). 				
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	perty_ eral Insurance.			
10. A. What is the maximum load on safety valve per square inch?				
B. What is the working pressure?				
11. A. Are the Boiler Attendant solely employed on the Boiler Plant?	□Yes □No			
B. What are their qualifications?	n the Boiler Plant?			
12. A. Is the Boiler Plant now Insured?	$\Box_{\text{Yes}} \Box_{\text{No}}$			
B. If so, state name of Insurer, and date policy expires.				
13. A. Has the Boiler Plant at any time been insured by you?	$\Box Yes \Box No$			
B. If so, state name of Insurer, and date of policy expired?				
14. In respect of Boiler Insurance, has any Insurer –				
A. Permitted withdrawal of or declined any proposal from you?	□Yes □No			
B. Cancelled or refused to renew your policy?	□Yes □No			
Note - Name of Insurer to be stated				
15. Have you ever had an accident to your Boiler Plant?	□Yes □No			
If so, give full particulars on separate sheet.				
16. Have your any Boiler Plant in use other than that specified in the schedule?	□Yes □No			
17. Are any of the Boilers shown in the proposal automatically controlled?	□Yes □No			
If so, which ones?				
operate it?	□Yes □No			
If so which ones				
19. Is Boiler under regular and frequent supervision whilst working?	□Yes □No			
PAYMENT DETAILS				
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			Liberty_ General Insurance	
1.	PAN card number (10 d	character number):		
2.	Sources of funds: Please	e tick appropriate box		
	□ Salary	□ Business	□ Investments	
	□ Others (please spe	cify)		
Dec	claration:			
	premiums have bee	I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will bepaid out of proceeds of crime related to any of the offence listed in		
		ey Laundering Act, 2002.	a do averanto to ostablish soveros of fundo	
		1, 0	or documents to establish sources of funds.	

3. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and Annexure if any are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/ us and the "Liberty General Insurance Limited"

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should

be conveyed to the insurers immediately.

Date:

Place: Signature of Proposer:

Recommendations of Officer/ Agent / Broker:

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew of 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 punishable with fine, which may extend to Five Hundred Rupees.