



6. Period of Insurance (DD/MM/YYYY) From / / To / /

7. Business Type- New Business Renewal Business

DETAIL ABOUT SUBJECT MATTER TO BE INSURED

1. Container Types to be covered

- a) Box/General Cargo/ High Cube/Flat-rack/Open Top Containers/ Unit Load Devices Yes No
- b) Refrigerated/ Thermal/ Reinforced Container Yes No
- c) ISO Tanks / Tank Containers Yes No

2. Whether Hazardous commodities allowed in Insured Container Yes No

3. Section-wise details (Section I is mandatory)

Section I: Transit Damage

		Limit Per Sending	Sum Insured (in Rs.)
i) Voyage By Road	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
ii) Voyage By Rail	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
iii) Voyage By Air	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
iv) Voyage By Coastal waterways	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
v) Voyage By Sea	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Voyage Details Description:

Additional details, if any:

Section II: Storage of Insured Container

Would you like to opt for Storage cover		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please mention the limits of liability	
Sr. no.	Location Address		Any One Location	Sum Insured (in Rs.)
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____

Is the Storage on Floater basis Yes No

Section III: Container Demurrage Charges

Would you like to opt for cover against Container demurrage charges Yes No

If yes, please mention the limits of liability

Note: Any one Occurrence - Limited to maximum of 10% of Sum Insured in Section I	Any one Occurrence	Sum Insured (in Rs.)
	_____	_____



Section IV: Extra Expenses

Would you like to opt for cover against Extra expenses Yes No

If yes, please mention the limits of liability

Note: Any one Occurrence - Limited to maximum of 10% of Sum Insured in Section I

Any one Occurrence _____ Sum Insured (in Rs.) _____

Section V: Third Party Liability

Would you like to opt for cover against Third Party Liability Yes No

If yes, please mention the limits of liability

Any One Accident (in Rs.) _____

Any One Year (in Rs.) _____

Section V: Terrorism Cover

Would you like to opt for Storage cover Yes No If yes, please mention the limits of liability

Sr. no.	Location Address	Any One Location	Sum Insured (in Rs.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Note: Please attach separate sheet in case of more details.

4. The basis proposed for insurance (Sum Insured) Market Value basis Reinstatement Value basis

5. Age of Containers less than 3 year's 3-7 years 7-10 years above 10 years

6. Would you like to avail Voluntary Deductibles Yes No

If the answer is yes, indicate the choice of Deductible

7. Coverage Type to be Opted: All Risk basis Named Peril basis

8. Whether you have insured the same Container with any other Insurance company with the same/similar type of coverage.

Yes No

If yes furnish the following details

A. Name of Insurer :

B. Policy Period (DD/MM/YYYY) From // To

//

9. Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)

Yes No



A. Reason for declination:

B. Conditions imposed:

10. Premium / Claim details for the past 36 months excluding the current policy period.

Year	Premium in Rs	Claims (Paid + outstanding) in Rs	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total	<input type="text"/>	<input type="text"/>	

11. Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk?

Yes No

If Yes, please provide details.

PAYMENT DETAILS

- PAN card number (10 character number):
- Sources of funds: Please tick appropriate box
 Salary Business Investments Others (please specify)

Declaration:

- 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.
- 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



Liberty
General Insurance

Liberty General Insurance Limited

I/We hereby declare that the statements made by me / Us in this Proposal Form and annexures 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 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 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 prospectus or tables of the insurer’.

Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

LibertySafe Container Insurance –Proposal Form

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

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Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

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