

Call (Toll free) - Number Website Address

## 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)

	COMPA	NY OFFICE	<b>DETAILS</b> (To be filled by in	surer)				
1. <b>2.</b>	Office Office City District State	Address:		DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD				
INTERMEDIARY DETAILS								
1. Agent/ Broker Name: DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD								
PROPOSER DETAILS								
1.	Name o	of Proposer:						
2.	Addres Road City State	s of proposer:	1 00000000 T	area				
3.	Busines	ss of Proposer						
4.	Location Road City State	on of risk to be		Area				
5.	Period	of Insurance (I	DD/MM/YYYY) From [		]□□ To [			
			PLANT DETAILS					
1. Sr N	Lo	Pressure Plant ocation	Description – Maker's Name, Maker's No Capacity		Year of Make	Sum Insured		
					1			

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



3.	Legal Liabilities to third Parties				
	A. Personal Injury	Rs			
4.	Rs DD				
		Rs			
	B. Airfreight	Rs			
	<ul><li>C. Owners Surrounding Property</li><li>D. Third Party Liability</li></ul>	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 meters	□Yes □No rs or 100 meters radius of the Boiler			
		□ 20 m □100 m			
8.	<ul><li>A. Are all the items in good condition?</li><li>B. Give particulars of any defects</li></ul>	□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).				



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?	□Yes □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?	□Yes □No				
B. If so, state name of Insurer, and date of policy expired?	300000				
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?					
18. Is any of the automatically controlled Boilers not under continuous supervision by person competent to					
operate it?	□Yes □No				
If so which ones					
19. Is Boiler under regular and frequent supervision whilst working?	□Yes □No				
DAVMENT DETAILS					



		V	deneral insurance					
	PAN card number (10 character number):							
2. Sour	ces of funds: Please tick appropriate be	ΟX						
	Salary 🗆 Busin	ness	☐ Investments					
	Others (please specify)							
Declarat	ion:							
2. I 3. 7	<ol> <li>I/we hereby confirm that all premiums have been/will be paid from bonafide sources and premiums have been/will bepaid out of proceeds of crime related to any of the offence listed Prevention of Money Laundering Act, 2002.</li> <li>I understand that the Company has the right to call for documents to establish sources of funds.</li> <li>The insurance company has right to cancel the insurance contract in case I am/ have been for guilty by any competent court of law under any of the statutes, directly or indirectly governing prevention of money laundering in India.</li> </ol>							
DECLAR	ATION 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	e of Proposer:					
Recomm	nendations 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.

IRDA of India registration number: 150 l CIN: U66000MH2010PLC209656 UIN No: IRDAN150P0025V01201213