



**PROPOSAL FORM**

**LIBERTYSAFE CONTAINER INSURANCE POLICY**

(The property proposed for insurance is not covered until the Proposal is accepted by the Company and premium paid and realized in advance. Coverage is as per the terms and conditions of Liberty General Insurance Limited Standard Policy Wordings)

**COMPANY OFFICE DETAILS (To be filled by insurer)**

- 1. Office Code:
- 2. Office Address:
- Line 1
- Line 2
- State  Pin Code

**INTERMEDIARY DETAILS**

- 1. Agent/ Broker Name:
- 2. Agent/ Broker License Code:
- 3. Agent/ Broker Contact Number:

**PROPOSER DETAILS**

- 1. Name of Proposer:
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- 2. Address of proposer:
- Road  Area
- City  District
- State  Pin Code
- 3. Contact Details: Phone No.:
- Email:
- 4. Business of Proposer
- 
- Number of Years in Business
- 5. Financial Interest
  - A.
  - B.



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"/>	
<b>Total</b>	<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.

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**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**

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