

BOILER AND PRESSURE PLANT INSURANCE PROPOSAL FORM

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for Boiler and Pressure Plant Insurance. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

FOR OFFICE USE:

Intermediary Name: _____ Intermediary Code: _____

Business Channel: Agency Banca Corporate/Broking Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

1. Information given herein will be treated in strict Confidence.
2. Put a (√) mark wherever applicable.

<u>S. No.</u>	<u>DETAILS</u>	<u>ANSWERS</u>
1.	a) Name of the Proposer Address of the Proposer
	b) Work Address (Site of the Property to be insured)
2.	Period of Insurance:	From _____ to _____
3.	Total Sum Insured
4.	CKYC Number

5. A) BOILER AND PRESSURE PLANT

S. No.	LOCATION	Description – Maker’s Name, Maker’s No., Capacity	REGISTRATION No.	YEAR OF MAKE	SUM INSURED

Sum Insured

B) SURROUNDING PROPERTY OF THE INSURED

INCLUDING PROPERTY HELD IN TRUST OR COMMISSION.

Rs. _____

C) LEGAL LIABILITIES TO THIRD PARTIES

a) PERSONAL INJURY

Rs. _____

b) PROPERTY DAMAGE

Rs. _____

D) On payment of additional premium

If YES Provide Limits of Indemnity Limits

Do you wish to cover the following?

a) Express Freight (excluding Air Freight)

Rs. _____ NO

b) Air Freight

Rs. _____ NO

c) Owner's surrounding property

Rs. _____ NO

d) Third Party Liability

I. Any One Accident

Rs. _____ NO

II. Any One Year

Rs. _____ NO

e) Additional Custom Duty

Rs. _____ NO

5. a). In case of Boiler, state if it is Water Tube type - a) YES b) NO

b). If YES, what is the evaporative capacity per Hour - _____

6. State how Boiler is fired, e.g, Oil, Gas, Coal or Pulverised Fuel. - _____

7. a) Do you wish to include the main steam piping? a) YES b) NO

b) If YES state weather cover required within 20 meters or 100 meters radius of the boiler a) YES b) NO

8. a) Are all the items in good condition? a) YES b) NO

b) Give particulars of any defects - _____

9. a) Which item 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?
- c) What proportion of their time is given to other duties, if not solely employed on the boiler pant?

12. a) Is the Boiler Plant now Insured? YES NO
- b) If YES, 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 YES, name of the Insurer, and date of policy expired?

14. In respect of boiler insurance, has any insurer –
- a) Permitted withdrawal of or declined any proposal form by you? YES NO
- OR.
- b) Cancelled or refused to renew your policy YES NO
- Name of the insurer

15. a) Have you ever had an accident to your Boiler Plant? YES NO
- b) If YES, give full particulars on separate sheet.

16. Have your any Boiler Plant in use other than that specified in the schedule? YES NO

17. a) Are any of the boiler shown in proposal automatically controlled? YES NO
- b) If so, which ones

18. a) Is any of the automatically controlled Boilers not under continuous supervision by person competent to operate it? YES NO
b) If YES, which one?

19. Is Boiler under regular and frequent supervision whilst working? YES NO

Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Declarations:

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

 "I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."
- iv. I/we am/are (please tick all that are applicable)
 - High Net Worth Individual/s
 - Non-Residential Indian/s
 - Politically Exposed Person/s
 - Jeweller/s
 - Non-Governmental Organization
 - Film Actor/s
 - Producer/s

- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box

For Intermediary Use Only

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature _____

ANTI MONEY LAUNDERING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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 liable for a penalty which may extend to Ten Lakh Rupees.



Future Generali India Insurance Company Limited, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083
Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: <https://general.futuregenerali.in> | Email: fcare@futuregenerali.in