

PROPOSAL FOR BOILER INSURANCE

AGENT / BROKER / BRANCH

Name	
Code No.	

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

GENERAL INFORMATION

1.	Full name of Proposer(s) including Trading Name (if any)				
2.	Postal Address			
3.	Telephone/Fax Nos./E-mail	Home Telephone		Office Telephone	
4.		E-mail		Fax	
4.	Location of property to be insured if different from postal address			
5.	Full description of business, trade or occupation				
6.	Occupation of premises proposed for insurance eg. warehouse, office, shop, factory, etc.				
7.	Name & address of other interests if any eg. Bank or Mortgagee				

8. Policy to commence on

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Policy to be renewed on

<input type="text"/>	<input type="text"/>	<input type="text"/>
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9. How long have you been in business?

Years

10. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are, or have been engaged:

(a) has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes" give details.

(b) have any accidents, losses or claims arisen in respect of any of the insurances proposed, whether previously insured or not? If "Yes" give details.

Yes No

Date of Occurrence	Details of Loss	Amount Involved
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.....

11. Are all the items to be insured in good condition? Yes No If "No" give particulars of defects.

12. Which part of the plant is subject to periodical inspections?

 a. By whom is it inspected and at what intervals?

 b. Date of last inspection (Please submit copies of last Inspection Report)

13. What is the maximum load on safety valve?
 psi

14. What is the working pressure?
 bar

15. Please indicate limit of indemnity required in respect of liability for damage to third party property & bodily injury
 Rs.

16. Details of property proposed for insurance cover :
 NB: (I) THE SUM INSURED INDICATED BELOW SHOULD BE THE CURRENT COST OF REPLACING THE ITEM BY A NEW ITEM OF THE SAME KIND AND CAPACITY PLUS FREIGHT CHARGES, CUSTOMS DUTIES & COST OF ERECTION.
 (II) YOU WILL BE REQUIRED TO BEAR AN EXCESS OF 5% OF EACH & EVERY CLAIM SUBJECT TO A MINIMUM OF RS. 5,000/-

Item No.	Make, Model & Serial No.	Year of Make	Type of Boiler or Pressure Vessel. Please indicate whether Vertical, Horizontal	Steam Output 1bs/h	Pressure psi	Heating surface Sq.ft.	Kind of fuel	Sum Insured Rs.

Very Important
 YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURED WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THE PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

DECLARATION
 I/We declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

Signature:

FOR OFFICE USE

Rated By	Processed By	Credit Approved By
Rate Approved By	Authorised By	Authorised Date