

ZK - 24-25/v1

## Advance Loss of Profits Insurance Proposal Form

ALPI

### GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with \* are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

**Supplementary to the proposal form / questionnaire for CAR / EAR material damage cover which forms an integral part of this proposal.**

### FOR OFFICE USE ONLY

Quote No.*	Quote Date*	Branch Code	Sales Manager Code	Intermediary Code	Intermediary Service RM	Intermediary Branch code	Intermediary business vertical	Intermediary Client Ref. No.	SP Name/Code

### PROPOSER / OWNER'S DETAILS

Proposer's Name\*

Proposer's Trade or Business\*

#### Registered Office Address / Permanent Address\*

Address (Line 1)

Address (Line 2)  Nearest Landmark

City / District  State  Pin Code  Country

Is the Communication Address same as the Registered Office Address / Permanent Address?\*  Yes  No If 'No', please provide below

#### Communication (Postal) Address\*

Address (Line 1)

Address (Line 2)  Nearest Landmark

City / District  State  Pin Code  Country

Contact No.  Email ID  GSTIN

#### For Corporate customers, please share below details:

CKYC Identifier / Number (Generated by CERSAI):

PAN\*:  GSTIN:

Please share the below details for the Authorised Signatory:

Name:  Designation:

CKYC Identifier / Number (Generated by CERSAI):

Any existing policy from Us  Yes  No If 'Yes', Policy No

Hypothecation Details: Bank Name

Paid up Capital of the firm  Period of Insurance for Terrorism Cover: From  To

### RISK DETAILS

1.	Brief description of construction/ erection works to be carried out	
2.	Any existing plant or surrounding property in processor's possession or care, custody or control on the above site(s) or adjacent to it (them). Please attach site layout plan	
3.	The project is	<input type="checkbox"/> The extension of existing works <input type="checkbox"/> A new venture
4.	Loss or damage to existing plant or surrounding property arising out of the construction / Erection activities which such activities are likely to Cause. If so, please specify.	
5.	Brief description of the process or services, making special mention of bottlenecks. (Please attach flow sheet)	

6.	Has the method of production or services Been employed by the proposer previously. If so, for how many years?				
7.	Intended normal working hours	Per day		Hours	Shifts
		Per week		Hours	
		Per year		Hours	
<b>8. Loss of Profit Questionnaire</b>					
(a)	Anticipated gross profit (Annual turnover less costs of supplies of goods, raw material, electricity, water gas, etc.) for first year of operation (monthly figures)				
(b)	If indemnity period required longer than 12 months	Indemnity period required:			
		Gross profit of required period:			
(c)	Are there seasonal events likely to affect the gross profit? If so, please give details.				
9.	Describe time excess (min one week per 6 months of construction/erection period)				
10.	Maximum indemnity period required to be insured				
11.	This question is only in respect of power generation equipment at the plant to be insured supplying power to this plant and is only to be answered if electricity can be drawn from the public power network in the event of damage to the power generation equipment at the plant to be insured.				
(a)	Is the additional expenditure caused by using external power supply to be insured?				
(b)	Power requirements of the plant (kW, kWh pa)				
(c)	Percentage of the requirements met by the plant's own power generation equipment	Costs of kWh of power:			
		Drawn from own plant:			
		Drawn from external plant:			
(d)	To what extent (kW) may electricity be drawn from an external source?				
(e)	What is the maximum demand charge per kW and within which period is it due? (Please attach copy of contract)				
(f)	Annual maximum demand charges				
<b>12. Time related information</b>					
(a)	Date of Inception of EAR/CAR cover				
(b)	Date of commencement of works				
(c)	Testing period (if any)	From		To	
(d)	Anticipated date of completion (handover following testing/commissioning)				
(e)	Scheduled date of commencement of insured business				
(f)	At which date after completion of project (and a possible testing/ commissioning period) is full production to be reached?				
(g)	Is it possible to reduce that period? If so, by which means?				
(h)	What allowance exists for delays due to accidents or otherwise? Please attach phase diagram of construction giving the phasing of the work (date of arrival on site erection, testing, commissioning, handover) regarding all plant sections and major items.				
13.	Details of any penalty agreements in connection with the contract works?				
14.	Remarks: If any other information is required upon processing of this application, the same will be sought by the company and the proposer needs to provide the additional information as sought for taking the decision on the proposal by the Company.				
15.	Any other information that you feel is important and is relevant for this Insurance proposal:				

## BANK DETAILS

PAYMENT DETAILS		REFUND / CLAIMS DETAIL	
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit / Debit Card <input type="checkbox"/> Online Payment		<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer;	
Cheque / D.D# <input type="text"/> Drawn Amount <input type="text"/>		<input type="checkbox"/> Cancelled cheque submitted of other bank	
Drawn To <input type="text"/>		Account Number <input type="text"/> IFSC/MICR Code <input type="text"/>	
Date <input type="text"/> IFSC/MICR Code <input type="text"/>		Bank Name <input type="text"/>	
Bank and Branch Name <input type="text"/>		Account Holder name <input type="text"/>	
For Credit / Debit Card <input type="text"/>		Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete.	
Transaction Reference No <input type="text"/> Transaction Date <input type="text"/>			

**ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-MAIL ID IS MANDATORY)**

Do you have an EIA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number	
If No, do you want Us to create an EIA account for you	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (to be registered with Insurance Repository)	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

**DECLARATION**

I/We hereby declare that the statements made by me/us in this Proposal Form 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 "Zurich Kotak General Insurance Company (India) Limited"

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory/policy servicing requirements.  I/We would still want to receive a physical copy of the policy.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

**AML 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/We understand that the Company has the right to call for document 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.

In case of entity, Type of Organisation making the payment:

- Limited Company       Government Organisation       Non-Government Organisation (NGO)       Society       Trust       Partnership  
 International Organisation       Co-operatives       Section 25 Company       Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?\*  Yes  No

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Are you a Non-Profit Organization?\*(only in case of an entity)  Yes  No

"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)."

Place\*  Date\*  Signature/Thumb impression of Proposer\*

**VERNACULAR DECLARATION**

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature after fully understanding the contents thereof.

Signature / Stamp of the Proposer\*

Place\*  Date\*  Signature of Intermediary / Sales Person\*

**DECLARATION FOR AGENT**

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature / Stamp of the Proposer\*

Place\*  Date\*  Signature & Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/Sales person\*

**ACKNOWLEDGEMENT:**

Received from Ms./Mrs./ Mr.   
sum of ₹  Through Cheque/DD  against your proposal for Advance Loss of Profits Insurance.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary

Date

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:

Time: :  Place:

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Advance Loss of Profits Insurance and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

**PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)**

- 1) 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 prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.