



། འབྲུག་ཀྲུལ་ཉེན་སྲུང་ལས་འཛིན་ཚོང་།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

“Your partner for growth and security”

Proposal form for Hoteliers & Restaurant Package Policy

The property proposed for insurance is not covered until the proposal is accepted and premium received.

1. Name of the proposer																		
2 a). Address of the proposer		2 b) Address of the premises to be insured																
3. Period of insurance	d	d	m	m	y	y	y	y	T	O	d	d	m	m	y	y	y	y
4. a) Whether the premises owned or rented. b) Do you wish to cover the building under Section I? c) Do you wish to cover plinth & foundation also? d) Please state the basis of valuation opted for under Section I - whether on Reinstatement Value (RIV) basis or Market Value (MV) basis										Owned / Rented. Yes / No. Yes / No RIV / MV								
4. Please fill up the details for the Sections opted by you in the format herein below (Please note that Section I(B) is compulsory)																		

I Fire & Allied Perils	
A. Building i. Superstructure ii. Plinth & foundation B. Contents i. Other than Stock and Stock in Trade ii. Stock and Stock in Trade	Sum Insured Nu. Nu. Nu. Nu. YES / NO
C. Do you want to opt earthquake cover (add on)	Yes/No
II Machinery Breakdown (Items are required to be covered on RIV basis)	

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Sl. No.	Description	Make & Model	Year of manufacture	Identification no.	Sum Insured (Nu)
Total					

Extension-Deterioration /Contamination/Putrefaction of Stock in Refrigeration Machinery.

Description		Particulars	
1	Is Refrigeration Machinery installed in the premises owned by you or taken on Lease?	Owned	On Lease
2	Has this machinery covered under Machinery Breakdown Section?	Yes	No
3	Have you suffered any losses due to deterioration in the past?	Yes	No
If yes, give details of cause and amount _____ _____			
4	Was the plant insured for machinery breakdown and deterioration of stocks previously?	Yes	No
If so, please give name of Insurance Company and period of Insurance _____ _____			
5	Was the Insurance at any time declined by any Company?	Yes	No
If so, by whom and for what reason _____ _____			



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6	What would be the maximum stock of goods stored by you at any time during the season?	
7	State the price per quintal at which you wish to insure the stock (this price should include storage charges)	
	Please specify the Sum Insured	
8	Do you maintain any stock register? (If so, please attach a specimen copy with this form.)	Yes No
9	Give details of Refrigeration Machine room number, size, design, and storage capacity _____ _____	
10	By whom the Refrigeration Machinery is designed? Give the name of the designer/firm/engineer _____ _____	
11		
a.	Indicate the type of insulation used in the refrigeration chambers	
b.	Give cross-sectional sketch of insulation of all sides	
c.	When was the present insulation done and by whom?	
d.	When the present insulation was last replaced?	
12	Give the design and type of materials used for storage racks and the name of firm/engineers who designed, constructed them	

13			
a.	What goods do you store?		
b.	Do you accept stocks of high yielding variety?	Yes	No
c.	Do you ascertain that the stocks offered for storage are free from disease	Yes	No
d.	How do you store the goods? In bags, containers or loose?		
e.	Do you sort out bad stocks before storage?	Yes	No
f.	Do you check for spoilage of stored goods and arrange for their removal?	Yes	No
g.	What time will be required to remove the stocks in case of breakdown?		
h.	In the event of loss, is there any possibility of storing the goods in your charge elsewhere? If so, give full name and address.		
i.	I. Are you authorized to dispose of the goods stored to avoid or minimize losses due to deterioration etc.?	Yes	No
14			
a.	What conditions of temperature (indicate in degree C or F) and relative humidity do you maintain in the Refrigeration Machine for different goods stored.		
b.	How do you ensure proper circulation of cold air or proper conditions of temperature and humidity in the cold rooms?		
c.	How do you ensure the proper loading of cold rooms within the designed capacity?		
d.	At what intervals are the temperature and humidity checked?		
e.	Is the Refrigeration Machinery equipped with automatic control system?	Yes	No
	If so, what is the type of control?		
15	What is your main source of electric supply? Your own generation or from public grid.		
16	State input voltage if power is obtained from the Public grid. If a transformer is required for the input voltage is it located in your premises and are you the owner?		
17	Has the power supply been interrupted at any time during the last three years?	Yes	No



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	If so, state number and duration of interruptions.	
18	Do you have standby arrangement in the event of failure of main source of electric supply? If so, give details.	
19	After how many hours (24, 48, 72 or more) do you expect the stored goods to deteriorate due to raise or fall in temperature in consequence of machinery breakdown and/or failure of power supply?	
20	By whom the machinery has been Manufactured/Supplied/Erected? Give the name of firm/engineers.	
21	Give details of:	
a.	Refrigerating compressors, number, make capacity in tons, bore, stork, R.P.M.	
b.	Are the compressors driven by electric motors or diesel engines? Give details of driving motor or diesel engine, I.e. H.P. Serial Number, make, bore, stroke, R.P.M., type and voltage	
22	Are there several independent refrigerating systems and if so, is it possible to switch from one to another.	
23	Give the number and type of condenser stands	
24	State the refrigerant used	
25	Give details of circulating water pumps:	
a.	Capacity in Gallons per minute and head in ft/meter	
b.	H.P., R.P.M, type and voltage of driving motors	
26	Give the number of standby spare units:	
a.	Compressors under loading conditions	
b.	Compressors under normal conditions	
c.	Circulating water pumping sets	
d.	Electric motors for diffusers	
e.	Any other equipment	
27	Do you keep a stock of replacement spare parts for: (Give details)	
a.	Compressors	
b.	Driving motors	

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c.	Engines	
d.	Pumps etc.	

III Electronic /Equipments Appliances (Items are required to be covered on RIV basis)					
Do you require terrorism cover					YES / NO
Sl. No.	Description	Make & Model	Year of manufacture	Identification no.	Sum Insured (Rs)
Total					

Reinstatement of Data			
	Do you wish to cover		
(i.)	Cost of Reinstating Data on data caring material	Yes	No
(ii.)	Programs	Yes	No
(Please specify the details of program to be covered)			
			Nu
If yes please specify the sum insured			
Please provide following details:			
EDP System-			
1	If the system is rented, state monthly rent.		Nu.
2	Date of start of operation		
3	Operational hours per day in shifts		
4	Name and address of manufacturer and/or leaser		
5	What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system (Please furnish copy of lease contract if available)		

External Data Media-					
1	Storage	Wooden Shelves	Steel Cabinet	In fire-proof cabinet	Together with EDP system
2	Air-conditioning	Yes		No	
3	If not, how is air conditioning effected				
4	Risk aggravating circumstances as in the storage rooms-	Steam & water lines		Vibrations	Atmosphere

IV Burglary & Housebreaking	
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Contents		Nu
V Money Insurance		
Please indicate the amount to be insured		
a)	In transit –limit per carrying	Nu
b)	In Safe	Nu
c)	In Till	Nu

VI Baggage Insurance	Sum Insured (Nu)
-----------------------------	------------------

VII Fixed Plate Glass and sanitary fittings (Items are required to be covered on RIV basis)		
Sl. No	Item	Sum Insured (Nu)
Total		

VIII Neon sign and glow sign		
Sl. No	Item	Sum Insured (Nu)

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Total	
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IX Personal Accident						
Sl. No	Name	Age	Designation	Table opted for	Capital Sum Insured (CSI) (Nu)	
Do you wish to cover reimbursement of medical expenses due to accident?					Yes	No

X Infidelity/dishonesty of employees			
Sl. No.	Name	Designation	Limit of liability (Rs)

XI Legal Liability		
A. Towards Employees		
No. of employees	Nature of work/duties	Estimated wages Nu.

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B. Towards third parties: AOA = AOY = Rs..... (Liability limited to 50% of sum insured under Section I or Rs 10,00,000/- whichever is less)		

5. Have any of the items opted for coverage under various Sections enumerated overleaf suffered any damage previously? If so, give details of the same. Attach a separate sheet, if necessary.			
Date of Occurrence	Details of Loss	Amount of Loss (Rs)	Name of the Insurance Company
6. Give details of previous insurance, if any.		Policy no:	
		Company:	
		Expiry Date:	

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to Insurance Company any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Place:

Date:

Signature of Proposer



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