

PROPOSAL & QUESTIONNAIRE FOR ELECTRONIC EQUIPMENT INSURANCE POLICY

(All fields are mandatory and fill in CAPITALS only)

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

(Information given herein will be treated in strict confidence).

INSURED DETAILS

Name of the Proposer's Mr./Ms./Mrs. (First Name) (Middle Name) (Last Name)

Proposer's Postal address

City Pincode State

Tel. (Off.) #Mobile

STD Code STD Code

Email

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

Put a (✓) tick mark wherever applicable

Proposer's Trade or Business	
Location of equipment to be insured (address of building/ storey)	
Structure of building: Steel skeleton <input type="checkbox"/> Brickwork <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/>	
1. Has any of the equipment to be insured previously been covered by other insurance companies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, which items of the specification and by which companies?	
a) State when the Insurance is to commence?	Date: <input type="text"/>
Note-Period of Insurance to expire at the same date next year.	
2. Is all the equipment to be insured new?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, which items of the specification are second hand?	
What equipment can still be obtained ex works? (State items of the specification)	
3. Condition of equipment -	
Is the equipment maintained in accordance with the manufacturer's instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Quality of staff -	
Have operators been trained with manufacturer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is there a risk of flood and inundation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, specify	By bodies of water <input type="checkbox"/> By torrential rainfall <input type="checkbox"/> By sewer back flow <input type="checkbox"/> Or by others <input type="checkbox"/>
6. Are dangerous materials used in the vicinity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, specify	Acids <input type="checkbox"/> Prepared or sensitized papers <input type="checkbox"/> Dyes <input type="checkbox"/> Test solutions <input type="checkbox"/> Developers <input type="checkbox"/> Explosives <input type="checkbox"/> Others <input type="checkbox"/> Isotopes <input type="checkbox"/>
7. Valid Maintenance Contract in force? If yes, Copy to be enclosed	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Air conditioning Plant	Pressurized <input type="checkbox"/> Recommended by manufacturers <input type="checkbox"/> not necessary <input type="checkbox"/>

PREMIUM DETAILS

Amount Rs. Rupees

SOURCES OF FUND

Salary Business Other (Please Specify)

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No. Account: Savings Current

Name of Bank Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

