HDFC ERGO General Insurance Company Limited

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

State Pincode

Tel.(Res.) STD Code (Off.) STD Code Mobile

E-mail

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 ☐	Brickwork ☐	Concrete ☐	Wood ☐

1.	Has any of the equipment to be insured previously been covered by other insurance companies?	Yes☐	No☐
	If so, which items of the specification and by which companies?		
	a) State when the Insurance is to commence? Note-Period of Insurance to expire at the same date next year.	Date	
2.	Is all the equipment to be insured new?	Yes☐	No☐
	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☐	No☐
4.	Quality of staff -		
	Have operators been trained with manufacturer?	Yes☐	No☐
5.	Is there a risk of flood and inundation?	Yes☐	No☐
	If so, specify	By bodies of water☐ Or by others☐	By torrential rainfall☐ By sewer back flow☐
6.	Are dangerous materials used in the vicinity?	Yes☐	No☐
	If so, specify	Acids☐ Dyes☐ Developers☐ Others☐	Prepared or sensitized papers☐ Test solutions☐ Explosives☐ Isotopes☐
7.	Valid Maintenance Contract in force? If yes, Copy to be enclosed	Yes☐	No☐
8.	Air conditioning Plant	Pressurized☐ not necessary☐	Recommended by manufacturers☐

PREMIUM DETAILS

Premium Amount Rs. Rupees : _____

SOURCES OF FUND

☐ Salary ☐ Business ☐ Others (Please Specify) _____

BANK ACCOUNT DETAILS

Bank Account No.

Bank Name

Branch Name & Address

We hereby declare that the statements made by us in this Questionnaire and Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at _____ _____this day of 20 _____

Signature of the Proposer

ELECTRONIC DATA PROCESSING (EDP)

Additional questionnaire for the Insurance of Electronic Data Processing (EDP systems)

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

Proposer's Postal Address _____

City _____

State _____ Pincode _____

Proposer's Trade or Business _____

Tel.(Res.) _____ (Off.) _____ Mobile _____
STD Code STD Code

E-mail _____

Put a(☑) tick mark wherever applicable

1.	EDP System -	
a)	If the system is rented state monthly rent	Rs. _____
b)	Date of start of operation	Date :
c)	Operational hours per day in shifts	
d)	Name and address of manufacturer and/or lessor.	
e)	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.	
2.	Housing of the EDP System -	
a)	Central Unit -	Basement ☐ Ground Floor ☐ Floor ☐
b)	Peripheral Unit -	Basement ☐ Ground Floor ☐ Floor ☐
c)	Total value of plant located -	☐In basement Rs. _____ ☐ On ground floor Rs. _____ ☐On floor Rs. _____ ☐ On floor Rs. _____
d)	Is Installation in accordance with the manufacturer's recommendations	☐ Yes ☐ No If not, specify deviations from instructions
e)	Manner in which the EDP system has been installed	On vibration absorbers ☐ On rollers ☐ By rigid anchoring ☐ Without anchoring ☐
3.	Air-conditioning Plant -	Prescribed ☐ Recommend by the manufacturer ☐ Used for EDP system only ☐
a)	Maintenance -	by the manufacturer ☐ by ☐
b)	Loss prevention -	
c)	Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?	☐ Yes, in the case of excessive - Temperature ☐ Moisture ☐ No ☐
	Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?	☐ Yes ☐ No Optical ☐ Acoustic signal ☐ in the case of Presence of corrosive gases ☐ Excessive temp. ☐ Moisture
	Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	☐ Yes ☐ No
4.	External Data Media – Note - Please answer the following questions only, if insurance is desired.	Mark those data media, which are stored in the same hazard zone as the EDP system with an 'A' in the column 'Location of the specification' Mark data media stored in another hazard zone with a 'B'
a)	Storage -	On wooden shelves ☐ In steel cabinets ☐ In fire-proof cabinets ☐ Together with EDP system ☐
b)	Air-conditioning	☐ Yes ☐ No
	if not, how is air conditioning effected? Risk aggravating circumstances as in the storage rooms -	steam & water lines ☐ vibrations ☐ acid atmosphere ☐
5.	Conditions (Excess) desired	2 times ☐ 5 times ☐ 10 times ☐ 20 times ☐
6.	A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	☐ Yes ☐ No

We hereby declare that the statements made by us in this Questionnaire and Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at _____ _____this day of 20_____

Signature of the Proposer

INCREASED COST OF WORKING

Additional Questionnaire for the Insurance of Increased Cost of Working as a result of failure of EDP systems

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

Proposer's Postal Address

City

State Pincode

Proposer's Trade or Business

Tel.(Res.) STD Code (Off.) STD Code Mobile

E-mail

Put a(☑) tick mark wherever applicable

1.	EDP system to be insured -	
a)	Operational hours on average	☐ per day ☐ per month
b)	Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?	☐ Yes ☐ No
c)	Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?	☐ Yes ☐ No
	If so, please specify.	
2.	Outside EDP system available for use	
a)	Name and address of -	☐ Owner ☐ Lessee
b)	Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)?	☐ Yes ☐ No
	If so, please specify	
c)	Has the system already been used?	☐ Yes ☐ No
	If so, how often?	Max. duration _____ Max. Cost Incurred____
d)	Causes	
3.	Sums to be insured -	
a)	Rent of substitute Equipments	Rs. _____ per hour
b)	Indemnity period per occurrence	_____ Weeks
c)	Limit per occurrence (a x b)	Rs. _____
d)	Aggregate indemnity limit during the period of insurance	Rs. _____
e)	Personnel Expenses	Rs. _____
f)	Transportation of material	Rs. _____
4.	Conditions desired -	
a)	Period of indemnity per occurrence (minimum)	_____ Weeks
b)	Time Excess	☐ 4 days (96 hrs) ☐ 7 days (168 hrs) ☐ 14 days (336 hrs) ☐ 28 days (672 hrs)

We hereby declare that the statements made by us in this Questionnaire and Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at _____ _____this day of 20 _____

Signature of the Proposer

HDFC ERGO General Insurance Company limited. Insurance is the subject matter of the solicitation. IRDA Reg No. 125. Form No. 311