



## PROPOSAL & QUESTIONNAIRE FOR ELECTRONIC EQUIPMENT INSURANCE POLICY

<p>1. Name and address of proposer</p> <p style="margin-left: 20px;">Type of business</p> <p style="margin-left: 20px;">Location of equipment to be insured <i>(address of building/ storey)</i></p> <p style="margin-left: 20px;">Structure of building</p> <p>2. Has any of the equipment to be insured previously been covered by other insurance companies?</p> <p style="margin-left: 20px;">If so, which items of the specification and by which companies?</p> <p style="margin-left: 20px;">a) State when the Insurance is to commence?</p> <p style="margin-left: 20px;"><b>Note</b>-Period of Insurance to expire at the same date next year.</p> <p>3. Is all the equipment to be insured new?</p> <p style="margin-left: 20px;">If not, which items of the specification are second hand?</p> <p style="margin-left: 20px;">What equipment can still be obtained ex works?</p> <p style="margin-left: 20px;">(State items of the specification)</p> <p>4. Condition of equipment -</p> <p style="margin-left: 20px;">Is the equipment maintained in accordance with the manufacturer's instructions?</p> <p>5. Quality of staff -</p> <p style="margin-left: 20px;">Have operators been trained with manufacturer?</p>	<p style="margin-left: 20px;">Steel skeleton <input type="checkbox"/>   Brickwork <input type="checkbox"/>   Concrete <input type="checkbox"/>   Wood <input type="checkbox"/></p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p style="margin-left: 20px;">Date _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <hr style="border: 0.5px solid black;"/> <p style="margin-left: 20px;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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<p>6. Is there a risk of flood and inundation?</p> <p>If so, specify</p>	<p><input type="text"/></p> <p>Yes</p> <p>By bodies of water <input type="checkbox"/>   By torrential rainfall <input type="checkbox"/></p>	<p><input type="text"/></p> <p>No</p> <p>By sewer backflow <input type="checkbox"/>   Or by others <input type="checkbox"/></p>	
<p>7. Are dangerous materials used in the vicinity?</p> <p>If so, specify</p>	<p><input type="text"/></p> <p>Yes</p> <p>Acids <input type="checkbox"/>   Prepared or sensitized papers <input type="checkbox"/></p> <p>Developers <input type="checkbox"/>   Explosives <input type="checkbox"/></p>	<p><input type="text"/></p> <p>No</p> <p>Dyes <input type="checkbox"/>   Test solutions <input type="checkbox"/></p> <p>Isotopes <input type="checkbox"/>   Others <input type="checkbox"/></p>	
<p>8. Valid Maintenance Contract in force?</p> <p>If yes, Copy to be enclosed</p>	<p><input type="text"/></p> <p>Yes</p>	<p><input type="text"/></p> <p>No</p>	
<p>9. Air conditioning Plant</p>	<p><input type="checkbox"/></p> <p>Pressurized</p>	<p><input type="checkbox"/></p> <p>Recommended by manufacturers</p>	<p><input type="checkbox"/></p> <p>not necessary</p>

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**



## ELECTRONIC DATA PROCESSING (EDP)

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

<p>1. Name and address of Proposer</p> <p style="padding-left: 20px;">Type of business</p> <p>2. EDP System -</p> <p style="padding-left: 20px;">a) If the system is rented state monthly rent</p> <p style="padding-left: 20px;">b) Date of start of operation</p> <p style="padding-left: 20px;">c) Operational hours per day in shifts</p> <p style="padding-left: 20px;">d) Name and address of manufacturer and/or lessor.</p> <p style="padding-left: 20px;">e) What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system?</p> <p style="padding-left: 40px;">Please furnish copy of lease contract if available.</p> <p>3. Housing of the EDP System -</p> <p style="padding-left: 20px;">a) Central Unit -</p> <p style="padding-left: 20px;">b) Peripheral Unit -</p> <p style="padding-left: 20px;">c) Total value of plant located -</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p>Rs. _____</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;"><input type="checkbox"/> Basement</td> <td style="width: 33%; text-align: center; padding: 5px;"><input type="checkbox"/> Ground Floor</td> <td style="width: 33%; text-align: center; padding: 5px;"><input type="checkbox"/> Floor</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Basement</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Ground Floor</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Floor</td> </tr> <tr> <td style="text-align: center; padding: 5px;">In basement Rs. _____</td> <td style="text-align: center; padding: 5px;">On floor Rs. _____</td> <td style="text-align: center; padding: 5px;">On floor Rs. _____</td> </tr> </table>	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor	In basement Rs. _____	On floor Rs. _____	On floor Rs. _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">On floor Rs. _____</td> <td style="text-align: center; padding: 5px;">On floor Rs. _____</td> <td style="text-align: center; padding: 5px;">On floor Rs. _____</td> </tr> </table>				On floor Rs. _____	On floor Rs. _____	On floor Rs. _____
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In basement Rs. _____	On floor Rs. _____	On floor Rs. _____														
On floor Rs. _____	On floor Rs. _____	On floor Rs. _____														



<p>d) Is Installation in accordance with the manufacturer's recommendations</p>	<input type="text"/> Yes	<input type="text"/> No
If not, specify deviations from instructions		
<p>e) Manner in which the EDP system has been installed</p>	<input type="checkbox"/> On vibration absorbers <input type="checkbox"/> By rigid anchoring	<input type="checkbox"/> On rollers <input type="checkbox"/> Without anchoring
<p>4. Air-conditioning Plant -</p>	<input type="checkbox"/> Prescribed <input type="checkbox"/> Used for EDP system only	<input type="checkbox"/> Recommend by the manufacturer
<p>a) Maintenance - b) Loss prevention -</p>	by the manufacturer <input type="checkbox"/>	by _____
<p>c) Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?</p>	<input type="checkbox"/> Yes, in the case of excessive - <input type="checkbox"/> Temperature <input type="checkbox"/> Moisture <input type="checkbox"/> Yes <input type="checkbox"/> Optical <input type="checkbox"/> Acoustic signal	No <input type="text"/>
<p>Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?</p>	<input type="checkbox"/> in the case of Presence of corrosive gases <input type="checkbox"/> Excessive temp. <input type="checkbox"/> Moisture	No <input type="text"/>
<p>Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.</p>	Yes <input type="text"/>	No <input type="text"/>



<p>5. External Data Media –</p> <p><b>Note</b> - Please answer the following questions only, if insurance is desired.</p> <p>a) Storage -</p> <p>b) Air-conditioning</p>	<p>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'</p> <table border="1"> <tr> <td>On wooden shelves <input type="checkbox"/></td> <td>In steel cabinets <input type="checkbox"/></td> <td>In fire-proof cabinets <input type="checkbox"/></td> <td>Together with EDP system <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Yes</td> <td colspan="2" style="text-align: center;">No</td> </tr> </table>	On wooden shelves <input type="checkbox"/>	In steel cabinets <input type="checkbox"/>	In fire-proof cabinets <input type="checkbox"/>	Together with EDP system <input type="checkbox"/>	Yes		No	
On wooden shelves <input type="checkbox"/>	In steel cabinets <input type="checkbox"/>	In fire-proof cabinets <input type="checkbox"/>	Together with EDP system <input type="checkbox"/>						
Yes		No							
<p>if not, how is air conditioning effected?</p>									
<p>Risk aggravating circumstances as in the storage rooms -</p> <table border="1"> <tr> <td>steam &amp; water lines <input type="checkbox"/></td> <td>vibrations <input type="checkbox"/></td> <td>acid atmosphere <input type="checkbox"/></td> </tr> </table>		steam & water lines <input type="checkbox"/>	vibrations <input type="checkbox"/>	acid atmosphere <input type="checkbox"/>					
steam & water lines <input type="checkbox"/>	vibrations <input type="checkbox"/>	acid atmosphere <input type="checkbox"/>							
<p>6. Conditions (Excess) desired</p>	<table border="1"> <tr> <td><input type="checkbox"/> 2 times <input type="checkbox"/></td> <td>5 times <input type="checkbox"/></td> <td>10 times <input type="checkbox"/></td> <td>20 times <input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> 2 times <input type="checkbox"/>	5 times <input type="checkbox"/>	10 times <input type="checkbox"/>	20 times <input type="checkbox"/>				
<input type="checkbox"/> 2 times <input type="checkbox"/>	5 times <input type="checkbox"/>	10 times <input type="checkbox"/>	20 times <input type="checkbox"/>						
<p>7. A) Exclusion of Fire &amp; Allied Perils as per Standard Fire &amp; Special Perils Policy.</p>	<table border="1"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Yes	No						
Yes	No								



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**Executed** at \_\_\_\_\_ **this day of** 20 \_\_\_\_

\_\_\_\_\_

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**Signature**



## INCREASED COST OF WORKING

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

<p>1. Name and address of Proposer</p> <p>_____</p> <p>_____</p> <p>Type of business _____</p> <p>2. EDP system to be insured -</p> <p>a) Operational hours on average</p> <p>b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?</p> <p>c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?</p> <p style="padding-left: 20px;">If so, please specify.</p>	<p>_____</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px solid black;"> <input style="width: 80%; height: 20px;" type="text"/> per day             </td> <td style="width: 50%; text-align: center;"> <input style="width: 80%; height: 20px;" type="text"/> per month             </td> </tr> <tr> <td style="text-align: center; border-right: 1px solid black;"> <input style="width: 80%; height: 20px;" type="text"/> Yes             </td> <td style="text-align: center;"> <input style="width: 80%; height: 20px;" type="text"/> No             </td> </tr> <tr> <td style="text-align: center; border-right: 1px solid black;"> <input style="width: 80%; height: 20px;" type="text"/> Yes             </td> <td style="text-align: center;"> <input style="width: 80%; height: 20px;" type="text"/> No             </td> </tr> </table> <hr/> <p>3. Outside EDP system available for use</p> <p>a) Name and address of -</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px solid black;"> <input style="width: 80%; height: 20px;" type="text"/> Owner             </td> <td style="width: 50%; text-align: center;"> <input style="width: 80%; height: 20px;" type="text"/> Lessee             </td> </tr> <tr> <td style="text-align: center; border-right: 1px solid black;"> <input style="width: 80%; height: 20px;" type="text"/> Yes             </td> <td style="text-align: center;"> <input style="width: 80%; height: 20px;" type="text"/> No             </td> </tr> </table> <p style="padding-left: 20px;">If so, please specify</p> <p>c) Has the system already been used?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px solid black;"> <input style="width: 80%; height: 20px;" type="text"/> Yes             </td> <td style="width: 50%; text-align: center;"> <input style="width: 80%; height: 20px;" type="text"/> No             </td> </tr> </table> <p style="padding-left: 20px;">If so, how often?</p> <p>d) Causes</p> <p>Max. duration _____ Max. Cost Incurred _____</p> <p>_____</p> <p>_____</p>	<input style="width: 80%; height: 20px;" type="text"/> per day	<input style="width: 80%; height: 20px;" type="text"/> per month	<input style="width: 80%; height: 20px;" type="text"/> Yes	<input style="width: 80%; height: 20px;" type="text"/> No	<input style="width: 80%; height: 20px;" type="text"/> Yes	<input style="width: 80%; height: 20px;" type="text"/> No	<input style="width: 80%; height: 20px;" type="text"/> Owner	<input style="width: 80%; height: 20px;" type="text"/> Lessee	<input style="width: 80%; height: 20px;" type="text"/> Yes	<input style="width: 80%; height: 20px;" type="text"/> No	<input style="width: 80%; height: 20px;" type="text"/> Yes	<input style="width: 80%; height: 20px;" type="text"/> No
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<input style="width: 80%; height: 20px;" type="text"/> Yes	<input style="width: 80%; height: 20px;" type="text"/> No												
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<input style="width: 80%; height: 20px;" type="text"/> Yes	<input style="width: 80%; height: 20px;" type="text"/> No												



4. 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. _____								
5. Conditions desired -									
a) Period of indemnity per occurrence (minimum)	_____ Weeks								
b) Time Excess	<table border="1"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4 days (96 hrs)</td> <td>7 days (168 hrs)</td> <td>14 days (336 hrs)</td> <td>28 days (672 hrs)</td> </tr> </table>	_____	_____	_____	_____	4 days (96 hrs)	7 days (168 hrs)	14 days (336 hrs)	28 days (672 hrs)
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