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 Propos	ser'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.

I	Put a (\checkmark) tick mark wherever applicable									
Р	Proposer's Trade or Business									
	ocation of equipment to be									
	isured (address of building/ storey)									
S	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: D D M M Y Y	YYY							
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 \Box	By torrential rainfall □ By sewer back flow □ Or by others □							
6.	Are dangerous materials used in the vicinity?	Yes 🗆	No 🗆							
	If so, specify	Acids	Prepared or sensitized papers \Box							
		Dyes 🗆	Test solutions							
		Developers □ Others □	Explosives							
7	Valid Maintananaa Contract in farea2 Ifuce. Convite to englaged									
7.		Yes								
8.	Air conditioning Plant	Pressurized	Recommended by manufacturers not necessary							
	PREMI	UM DETAILS								
Am	nount Rs.									
	SOURC	ES OF FUND								
Sal	lary Business Other (Please Specify)									
	BANK ACC	OUNT DETAILS								
No	me of the Bank Account Holder									
Bar	nk Account No.		Account: Savings Current							
Nar	me of Bank		Branch							
MIC	CR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the	bank)								
IFS	C Code (11 character code appearing on your cheque leaf)									
l wi	wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*									
		-								

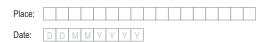
*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

ELECTRONIC DATA PROCESSING (EDP)

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

	INSURED DETAILS																															
Nor	ne of the Proposer's Mr./Ms./Mrs.																								T	T						\square
Indi	(First Name)									(1	Middle	e Nar	me)															(1	Last I	Name))	
Pro	poser's Postal address																															
																									Τ							\square
City	, Pi	incode]					St	tate																		
Pro	poser's Trade or Business																								Τ							\square
Tel.	(Off.)			1								7								#N	lobil	e [T	T	+	1	\square	—	-	-		
	STD Code	STD C	Code			-																	_	_	_	1]
Em	ail																								Τ	Τ						
[#] Ple	ase provide correct mobile number of the proposed insured, to receive inform	nation re	elatino	a to	o polia	CV Se	ervici	ina	and	oren	nium	ack	now	vledo	ieme	nt.																
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P	ut a (✓) tick mark wherever applicable																															
1.	EDP System -																															
	a. If the system is rented state monthly rent	Rs.				_																										
	b. Date of start of operation																															
	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 -	Bas	emen	nt 🗆]			Ģ	Grour	d Fl	oor [F																	
	b. Peripheral Unit -	Bas	emen	nt 🗆]			G	Grour	id Fl	oor [F	looi																
	c. Total value of plant located -		n Bas On Flo			₹s										0				loor	Rs.							-				
	d. Is Installation in accordance with the manufacturer's recommendations		Yes	sГ]						No [lf n	ot, s	spec	ify d	evia	atior	is fro	om ir	nstru	ctior	ns			
	e. Manner in which the EDP system has been installed	On v	vibrati	ion	abso	rbe	rs 🗆				0	n ro	llers	s 🗆				By	/ rig	id a	nch	oring	j 🗆				Wi	thou	it and	anchoring 🗆		
3.	Air-conditioning Plant -	Pres	scribe	ed [Rec	omm	end	l by	the	manu	ifact	urer								for I	EDP	syst	tem	only			
	a. Maintenance -	by th	he ma	anu	factu	rer l																										
	b. Loss prevention -																															
	c. Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?		Yes, ir Tempe			se of			ive - sture							No [
	d. Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?	Yes Opti	ical 🗆				A	cou	istic s	signa	al 🗆				e of l e tem			e of			ve g re [5						No			
	e. Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	Yes					N	0 [
4.	External Data Media – Note - Please answer the following questions only, if insurance is desired.		k thos cificat																ie E	DP	syst	em	with	an	'A' in	the	colu	ımn	'Loc	ation	of th	е
	a. Storage -	On	wood	len	shelv	es l			In	stee	el cab	oinet	s		In	fire	pro	of ca	abin	ets			Тс	oget	her y	with	EDP	, sys	stem			
	b. Air-conditioning	Yes					N	οC]																							
	if not, how is air conditioning effected? Risk aggravating circumstances as in the storage rooms -	stea	am & v	wat	ter lin	es [vibra	tion	s]			é	acid	atm	iosp	her	e 🗆										
5.	Conditions (Excess) desired	2 tin	nes 🗆					5	times	5 🗆					10 tir	nes					2	0 tin	nes									
6.	A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	Yes					N	o 🗆							10 tir	nes					2	0 tin	nes									

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.



Signature of the Proposer

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: Electronic Equipment Insurance - IRDAN125RP0009V01200203.

INCREASED COST OF WORKING

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

INSURED DETAILS										
Name of the Proposer's Mr./Ms./Mrs.										
(First Name)		(Middle Name)		(Last Name)						
Proposer's Postal address										
City Pi	ncode	State								
Proposer's Trade or Business										
Tel. (Off.)			#Mobile	e						
STD Code	STD Code									
Email										
*Please provide correct mobile number of the proposed insured, to receive inform	nation relating to policy servicing	and premium acknowledger	nent.							
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 🗆	Yes 🗆 No 🗆								
c. Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?	Yes 🗆	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, please specify.	Max. duration	Max. Cost Incurred	<u> </u>							
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) 🗆						

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

I/We hereby understand, declare, consent and authorize the Company to use financial information, as provided to the Company for underwriting the risk. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

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.

Place:													
Date:	D	D	M	M	Y	Y	Y	Y					

Signature of the Proposer	

SECTION 41 PROHIBITION OF REBATES

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 of the commission payable or any rebate of the premium shown in 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 ₹10 Lakhs.