

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.	<input type="text"/>		
	(First Name)	(Middle Name)	(Last Name)
Proposer's Postal address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	Pincode	<input type="text"/>
		State	<input type="text"/>
Tel.	<input type="text"/>	(Off.)	<input type="text"/>
	STD Code	STD Code	Mobile
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		

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? Note-Period of Insurance to expire at the same date next year.	Date: <input type="text"/>
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	<input type="text"/>		
Bank Account No.	<input type="text"/>	Account: Savings <input type="checkbox"/> Current <input type="checkbox"/>	
Name of Bank	<input type="text"/>	Branch	<input type="text"/>
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	<input type="text"/>		
IFSC Code (11 character code appearing on your cheque leaf)	<input type="text"/>		

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.

ELECTRONIC DATA PROCESSING (EDP)

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

INSURED DETAILS

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

Proposer's Postal address

City Pincode State

Proposer's Trade or Business

Tel. (Off.) Mobile

STD Code STD Code

Email

Put a (✓) tick mark wherever applicable

1. EDP System -	
a. If the system is rented state monthly rent	Rs. <input type="text"/>
b. Date of start of operation	<input type="text"/>
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 <input type="checkbox"/> Ground Floor <input type="checkbox"/> Floor <input type="checkbox"/>
b. Peripheral Unit -	Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> Floor <input type="checkbox"/>
c. Total value of plant located -	<input type="checkbox"/> In Basement Rs. <input type="text"/> <input type="checkbox"/> On Ground Floor Rs. <input type="text"/> <input type="checkbox"/> On Floor Rs. <input type="text"/> <input type="checkbox"/> On Floor Rs. <input type="text"/>
d. Is Installation in accordance with the manufacturer's recommendations	Yes <input type="checkbox"/> No <input type="checkbox"/> If not, specify deviations from instructions
e. Manner in which the EDP system has been installed	On vibration absorbers <input type="checkbox"/> On rollers <input type="checkbox"/> By rigid anchoring <input type="checkbox"/> Without anchoring <input type="checkbox"/>
3. Air-conditioning Plant -	Prescribed <input type="checkbox"/> Recommend by the manufacturer <input type="checkbox"/> Used for EDP system only <input type="checkbox"/>
a. Maintenance -	by the manufacturer <input type="checkbox"/>
b. Loss prevention -	
c. Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?	<input type="checkbox"/> Yes, in the case of excessive - <input type="checkbox"/> Temperature <input type="checkbox"/> Moisture No <input type="checkbox"/>
d. Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?	Yes <input type="checkbox"/> No <input type="checkbox"/> Optical <input type="checkbox"/> Acoustic signal <input type="checkbox"/> in the case of Presence of corrosive gases Excessive temp <input type="checkbox"/> Moisture <input type="checkbox"/>
e. Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. External Data Media -	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 <input type="checkbox"/> In steel cabinets <input type="checkbox"/> In fire-proof cabinets <input type="checkbox"/> Together with EDP system <input type="checkbox"/>
b. Air-conditioning	Yes <input type="checkbox"/> No <input type="checkbox"/>
if not, how is air conditioning effected? Risk aggravating circumstances as in the storage rooms -	steam & water lines <input type="checkbox"/> vibrations <input type="checkbox"/> acid atmosphere <input type="checkbox"/>
5. Conditions (Excess) desired	2 times <input type="checkbox"/> 5 times <input type="checkbox"/> 10 times <input type="checkbox"/> 20 times <input type="checkbox"/>
6. A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/> 10 times <input type="checkbox"/> 20 times <input type="checkbox"/>

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:

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

INSURED DETAILS

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

Proposer's Postal address

City Pincode State

Proposer's Trade or Business

Tel. (Off.) Mobile

STD Code STD Code

Email

Put a (✓) tick mark wherever applicable

1. EDP system to be insured -	
a. Operational hours on average	Per day <input type="checkbox"/> Per month <input type="checkbox"/>
b. Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please specify.	
2. Outside EDP system available for use	
a. Name and address of -	Owner <input type="checkbox"/> Lessee <input type="checkbox"/>
b. Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please specify.	
c. Has the system already been used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please specify.	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) <input type="checkbox"/> 7 days (168 hrs) <input type="checkbox"/> 14 days (336 hrs) <input type="checkbox"/> 28 days (672 hrs) <input type="checkbox"/>

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.

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:

Signature of the Proposer

SECTION 41 PROHIBITION OF REBATES

- 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.
- Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ₹ 10 Lakhs.