# 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 DE IAILS																																				
Name of the Proposer's Mr./Ms./Mrs.																																					
	•		(Fi	rst Naı	me)												(M	liddle	Nam	e)														(Last	Name	:)	
Pro	Proposer's Postal address													П						Т								$\Box$									
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City	City Pincode					7					State	, [	+	_			_	_		+			+	+		+		H									
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Tel.	Fel.         (Off.)																	IV	lobil	e _						Ш			Ш								
Em				Т	П		Т			1			Т					Т					Τ					Т									$\Box$
F	Put a ( ) tick mark wherever applicable																																				
_																																					
Proposer's Trade or Business																																					
	ocation of equipment to be sured (address of building/ storey)																																				
-	tructure of building: Steel ske	leton					Bric	kwc	rk					Concrete												-											
	-													Concrete Wood											_												
1.	Has any of the equipment to be in							oth	er ins	suran	ce co	ompa	nies?	Yes No												_											
	If so, which items of the specificat	ion and	by w	vhich	compa	anies	?																														
	a) State when the Insurance is to commence?													) I M	LA	V	VIV		7																		
_	Note-Period of Insurance to expire at the same date next year.									-	Date: [D   D   M   M   Y   Y   Y   Y													_													
2.	Is all the equipment to be insured													Y	es					N	0																_
	If not, which items of the specifica						f.11																														_
3.	What equipment can still be obtained ex works? (State items of the specification)																																-				
٥.		Condition of equipment -  Is the equipment maintained in accordance with the manufacturer's instructions?								V	20					N																	-				
4.	Quality of staff -	coruan	CC WI	ui uic	illalic	iiacii	31613	IIISU	ucuc	115 !				Yes No										-													
4.	•				\ \ \ \ \ \						NI.	_																-									
_	Have operators been trained with manufacturer?			+	es					N																	-										
5.	Is there a risk of flood and inundation?								_	Yes No By bodies of water By torrential rainfall By sewer back flow Or by oth							, oth	oro.	-																		
6.		f so, specify Are dangerous materials used in the vicinity?					Yes No								al I	rainfall By sewer back flow Or by others							-														
0.	If so, specify									Y	Acids																-										
	in do, opeony	SO, Specify									Dyes						Prepared or sensitized papers Test solutions																				
						Developers					Explosives																										
														Others							Isotopes																
7.	Valid Maintenance Contract in force	ce? If y	es, C	opy to	be e	nclos	ed							Y	es					N	0																
8.	Air conditioning Plant														Pres	ssuriz	ed			R	ecor	nme	nde	d by	mar	nufa	ctur	ers			ı	not n	eces	sary			
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Am	ount Rs.			Rupe	es _																																
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Ban	nk Account No.																											P	Accol	unt: S	Savir	ngs			Curi	ent	
Nar	Name of Bank Branch																																				
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)																																					
	C Code (11 character code appeari							<u> </u>					· 																								
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I Wi	I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*  *As per the IRDA, its mandatory that all payments made to the insured only through electronic mode.																																				
	*As per the IRDA, its manda	tory tha	it all p	paym	ents m	ade	to the	ıns	ured	only	throu	ıgh el	ectro	nic mo	ode.																						

## **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)								
Pro	poser's Postal address		Щ							
City	Pine	Pincode State State								
Pro	poser's Trade or Business									
Tel.	STD Code (Off.)	STD Code								
Em										
F	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.									
	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	g 🗆							
3.	Air-conditioning Plant -	Prescribed ☐ Recommend by the manufacturer ☐ Used for EDP system only ☐								
	a. Maintenance -	by the manufacturer □								
	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 - No ☐ ☐ Temperature ☐ Moisture								
d. Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?  Optical  Acoustic signal  in the case of Presence of corrosive gases Excessive temp  Moisture										
	e. Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	9 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 specification' Mark data media stored in another hazard zone with a 'B'	of the							
	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 □ 10 times □ 20 times □								
bas	is and is part of any policy issued in connection with the above risk(s). It is agreed ire. The Insurers undertake to deal with this information in strict confidence.	posal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and proposal for ed 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 wh								
		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	ncode	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 ☐ Per month ☐														
b. Is it possible in the event of failure to utilize other EDP system so as to	Yes □	No □													
obviate using an outside system?  c. Are there any special agreement regarding continued payment of the	Yes □	No □													
rent and other costs if the EDP system fails?	res 🗆	NO 🗀													
If so, please specify.															
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 Incurre	ed												
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 -	14/														
a. Period of indemnity per occurrence (minimum) b. Time Excess	Weeks	7.1 (400.1 ) 🗆	44.1 (0001.) 🗆	00.1 (070.1 ) 🗆											
D. Tillie LACess	4 days (96 hrs) □	7 days (168 hrs)	14 days (336 hrs) □	28 days (672 hrs) □											
DECLARATION & WAR	RANTY ON BEHALF OF AL	L PERSONS PROPOSED TO	) BE INSURED												
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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 hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.															
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: DDMMYYYY															
				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 Rs 500/- (Rupees Five Hundred)