

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 Pincode State

Tel. (Off.) Mobile

STD Code STD Code

Email

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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	By torrential rainfall By sewer back flow Or by others
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	Recommended by manufacturers not necessary

PREMIUM DETAILS

Amount Rs. Rupees _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No. Account: Savings Current

Name of Bank Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

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.

Insurance is the subject matter of the solicitation.

