

ELECTRONIC EQUIPMENT INSURANCE PROPOSAL FORM

Proposal Form



WITH YOU ALWAYS

1. Name proposer

Mr. / Mrs. / Ms. / M/s. / Dr.

Address of proposer

State City

Tel.:(O) Pin Code

Mobile: Fax

E-mail

Location of equipment to be insured (address of building/ storey)

Address of the Proposer

State City

Tel.:(O) Pin Code

Mobile: Fax

E-mail

Structure of building Steel skeleton Brickwork Concrete Wood

2.	Has any of the equipment to be insured previously been covered by other insurance companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, which items of the specification and by which companies?	<input type="text"/>	
	Period of Insurance	From <input type="text"/>	To <input type="text"/>
3.	Is all the equipment to be insured new?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not, which items of the specification are second hand?	<input type="text"/>	
	What equipment can still be obtained ex works?	<input type="text"/>	
	(State items of the specification)	<input type="text"/>	
4.	Condition of equipment -		
	Is the equipment maintained in accordance with the manufacturer's instructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Quality of staff -		
	Have operators been trained with manufacturer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Is there a risk of flood and inundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, specify	<input type="checkbox"/> By bodies of water	<input type="checkbox"/> By torrential rainfall
		<input type="checkbox"/> By sewer backflow	<input type="checkbox"/> Or by others
7.	Are dangerous materials used in the vicinity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, specify	<input type="checkbox"/> Developers	<input type="checkbox"/> Explosives
		<input type="checkbox"/> Isotopes	<input type="checkbox"/> Others
8.	Valid Maintenance Contract in force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, Copy to be enclosed		
9.	Air conditioning Plant	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Recommended by manufacturers
		<input type="checkbox"/> not necessary	

ELECTRONIC EQUIPMENT INSURANCE PROPOSAL FORM - COMMERCIAL UIN:IRDAN108CP0030V01201819

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

1. Name proposer

Mr. / Mrs. / Ms. / M/s. / Dr.

Address of proposer

										City									
State										Pin Code									
Tel.:(O)										Fax									
Mobile:										E-mail									
Type of business																			

2. 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.	

3. Housing of the EDP System -

a) Central Unit -	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor
b) Peripheral Unit -	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not, specify deviations from instructions			
e) Manner in which the EDP system has been installed	<input type="checkbox"/> On vibration absorbers	<input type="checkbox"/> On rollers	
	<input type="checkbox"/> By rigid anchoring	<input type="checkbox"/> Without anchoring	

4. Air-conditioning Plant -

	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Recommend by the manufacturer
	<input type="checkbox"/> Used for EDP system only	
a) Maintenance -	<input type="checkbox"/> by the manufacturer	by _____ <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"/> No
	<input type="checkbox"/> Moisture	
d) Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Optical	
	<input type="checkbox"/> Acoustic signal Presence of corrosive gases	<input type="checkbox"/> No
	<input type="checkbox"/> Excessive temp.	
	<input type="checkbox"/> Moisture	
Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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'	

Note - Please answer the following questions only, if insurance is desired.

a) Storage -	<input type="checkbox"/> On wooden shelves	<input type="checkbox"/> In steel cabinets
	<input type="checkbox"/> In fire-proof cabinets	<input type="checkbox"/> Together with EDP system
b) Air-conditioning	Yes/ no if not, how is air conditioning effected?	
Risk aggravating circumstances as in the storage rooms -	<input type="checkbox"/> steam & water lines	<input type="checkbox"/> vibrations <input type="checkbox"/> acid atmosphere
3. Conditions (Excess) desired	<input type="checkbox"/> 2 times	<input type="checkbox"/> 5 times <input type="checkbox"/> 10 times <input type="checkbox"/> 20 times
A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1. Name proposer

Mr. / Mrs. / Ms. / M/s. / Dr.

Address of proposer

City

State Pin Code

Tel.:(O) Fax

Mobile: E-mail

Type of business

2. EDP system to be insured -

2.1. Operational hours on average	<input type="checkbox"/> per day	<input type="checkbox"/> per month
2.2. Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3 Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If so, please specify.

3. Outside EDP system available for use -

a) Name and address of -	<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee
b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please specify	<input type="text"/>	
c) Has the system already been used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how often?	<input type="text"/>	
d) Causes	<input type="text"/>	
Max. duration _____	Max. cost incurred _____	

4. Sums to be insured -

Rent of substitute Equipments	Rs. _____ per hour
Indemnity period per occurrence	_____ Weeks
Limit per occurrence (a x b)	Rs. _____
Aggregate indemnity limit during the period of insurance	Rs. _____
Personnel Expenses	Rs. _____
Transportation of material	Rs. _____

5. Conditions desired -

Period of indemnity per occurrence (minimum)	_____ weeks			
Time Excess	<input type="checkbox"/> 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)

AML Guidelines

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

• **Nationality :** Indian Non-Indian If Non-Indian, please specify the Country: _____

• **Type of Organization**

Corporations Governments Trust Partnership Non Governmental Organizations Society
Trust Partnership International Organization Cooperatives Section 25 Company

Bank Details

Name of the Account Holder: _____
Name of the Bank: _____ Branch: _____
Type of Account: SB Account Current Account Others (Please specify) _____
Account Number: _____
IFSC Code: _____

Declaration:

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer : _____
Name & Signature of agent/intermediary : _____ Code: _____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of the Proposer : _____
Name & Signature of agent/intermediary : _____

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) _____
Name of the specified Person and code _____
Place: _____ Date: _____ Signature of Agent: _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

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 or part of the commission payable or any rebate of premium shown on 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 prospectus or tables of the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read Policy Wordings carefully, before concluding a sale.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

PLACE : _____

DATE :

SIGNATURE OF PROPOSER

NAME & TITLE OF SIGNATORY

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013
24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425