



general insurance

ELECTRONIC EQUIPMENT INSURANCE POLICY

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate

PEE

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

INTERMEDIARY DETAILS

Name Code
Branch Code
Manager's Name Code
Campaign Name Code

PROPOSER'S DETAILS

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

Address

Pin code State

Contact Nos. Mobile No. Office +91

Type of business

Location of equipment to be insured

Pin code State

Structure of building Steel skeleton Brickwork Concrete Wood

2. 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?

Period of Insurance To

3. Is all the equipment to be insured new? Yes No

If not, which items of the specification is second hand?

What equipment can still be obtained ex works?

(State specification of the items.)

4. Condition of equipment -

Is the equipment maintained in accordance with the manufacturer's instructions? Yes No

5. Quality of staff -
Have operators been trained with manufacturer? Yes No

6. Is there a risk of flood and inundation? Yes No

If so, specify By bodies of water By torrential rainfall By sewer backflow
 Or by others

7. Are dangerous materials used in the vicinity? Yes No
 If so, specify Acids Dyes Test solutions developers Explosives Isotopes
8. Valid Maintenance Contract in force? Yes No
 If yes, Copy to be enclosed
9. Air conditioning Plant Pressurized Recommended by manufacturers Not necessary

SCHEDULE OF EQUIPMENT TO BE INSURED

Description of Items - Please give full and exact description of all equipments including name of manufacturer, type, serial number, Voltage, Power Input etc. in the case of outdoor lines. Indicate length and method of laying.

Remarks - Give particulars of any part of equipment to be insured which has had a breakdown or failure during the last three years and shows any sign of repair.

Replacement Value - Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, Custom duties, Cost of erection, Package material.

Item No.	Description of Items	Remarks	Replacement Value	Year of Mfg.

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.

Date: _____

Place: _____

Signature of Insured

ADDITIONAL QUESTIONNAIRE FOR THE INSURANCE OF ELECTRONIC DATA PROCESSING (EDP SYSTEMS)

1.	EDP System -	
	a) If the system is rented, state monthly rent	
	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?	
2.	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 1 Rs. _____ On floor 2 Rs. _____

	d) Is Installation in accordance with the manufacturer's recommendations If not, specify deviations from instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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
3.	Air-conditioning Plant	<input type="checkbox"/> Prescribed <input type="checkbox"/> Recommend by the manufacturer <input type="checkbox"/> Used for EDP system only
	a) Maintenance	By the manufacturer or by _____
	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 <input type="checkbox"/> No
	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 <input type="checkbox"/> In the case of presence of corrosive gases <input type="checkbox"/> Excessive temperature <input type="checkbox"/> Moisture <input type="checkbox"/> No
	e) 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
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'. 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> 2 times <input type="checkbox"/> 5 times <input type="checkbox"/> 10 times <input type="checkbox"/> 20 times
6.	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.	EDP system to be insured	
	a) Operational hours on an average	<input type="checkbox"/> per day <input type="checkbox"/> per month
	b) 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

c) 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.			
2. 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.			
c) Has the system already been used?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how often?		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		<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)	

DECLARATION

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.

Date: _____

Place: _____

Signature of Insured

PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

- 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 the 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 prospectus 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 five hundred rupees.

Insurance is the subject matter of the solicitation.