

Proposal Form - Electronic Equipment Insurance

GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence)

1. Please fill the form in BLOCK LETTERS and leave one box blank between two words.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance.
5. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

FOR OFFICE USE ONLY

Branch Code :
 Intermediary Code :
 Intermediary Location Code :
 Intermediary Employee Code :
 Intermediary Reference Code :
 Sales Manager Code :

PROPOSER INFORMATION

Name of Proposer:

Correspondence Address:

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office: PAN No.:

Mobile No.*: Landline*: S T D

Email ID 1*:

Email ID 2:

Proposer's trade or occupation*:

Location of equipment to be insured (address of building/storey): Address same as above: Yes No

If not, please provide below (If there are multiple risk locations, use extra sheet)

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

Structure of building: Steel skeleton Brickwork Concrete Wood

Has any of the equipment to be insured previously been covered by other insurance companies? Yes No

If Yes, which items of the specification and by which companies?

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State when the Insurance is to commence? Date:

(Note: Period of Insurance to expire at the same date next year)

Is all the equipment to be insured new? Yes No

If No, which items of the specification is second hand?

What equipment can still be obtained ex works?

(State items of the specification)

Condition of equipment:

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

Quality of staff:

Have operators been trained with manufacturer? Yes No

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

Are dangerous materials used in the vicinity? Yes No

If so, specify Acids Prepared or sensitized papers Dyes Test solution Developers Explosives
 Isotopes Others

Is a valid Maintenance Contract in force? Yes No

If Yes, Copy to be enclosed

Air conditioning Plant:

Pressurized Recommended manufacturers Not necessary

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 Proposer

- c. Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?
- Yes, in the case of excessive- Temperature Moisture
- No
- d. Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?
- Yes Optical Acoustic signal In the case of Presence of corrosive gases Excessive temp. Moisture
- No
- e. Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operation hours: Yes No

• 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 the specification' Mark data media stored in another hazard zone with a 'B'

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 affected?

Risk aggravating circumstances as in the storage rooms Steam & Water Lines Vibrations Acid Atmosphere

- Conditions (Excess) desired 2 times 5 times 10 times 20 times
- Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Insurance Yes No

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Place:

Date:

Signature of Proposer

INCREASED COST OF WORKING

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

Name of proposer:

Address of Proposer:

Block No.: Floor No.: Building Name:

Street Name: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

Type of business:

• 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 obviate using an outside system? Yes No

c. Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? Yes No

If so, please specify.

• Outside EDP system available for use:

a. Name and address of Owner Lessee:

Name:

Address:

Block No.: Floor No.: Building Name:

Street Name: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

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, Maximum Duration Maximum Cost incurred:

d. Causes:

• Sums to be insured:

a. Rent of substitute Equipments: ₹ per hour

b. Indemnity period per occurrence: weeks

c. Limit per occurrence (a x b): ₹

d. Aggregate indemnity limit during the period of insurance: ₹

e. Personnel Expenses: ₹

f. Transportation of material: ₹

• Conditions desired

- a. Period of indemnity per occurrence (minimum): Weeks
- b. Time Excess: 4 days (96 hrs) 7 days (168 hrs) 14 days (336 hrs) 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.

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me / us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional / features / products / services of L&T General Insurance Company Limited and its affiliate group companies via SMS Telephone

Place:

Date:

Signature of Proposer

PROHIBITION OF REBATES – UNDER SECTION 41 OF INSURANCE ACT 1938

No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out 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 published prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ₹ 500/-

SPECIFICATION OF ITEMS TO BE INSURED

Item No.	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)	Year of manufacture	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. In the case of mobile equipment state means and frequency of transport, areas of operation and distances. Please state if Picture or Admitter Tubes are built in)	Location where working	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)	'A' or 'B'

- Note:
- For the Insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed.
 - In the case of bought equipment, mark 'A'
 - In the case of hired equipment, mark 'B'

Signature of Proposer