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).

						INS	SURE	D DE	TAIL	S											
Name of the Proposer's M	Ir./Ms./Mrs.																				
Dronocorio Doctol			(First Na	me)					(Mid	dle Name	e)						(Last N	lame)			
Proposer's Postal Address																					
<u> </u>																					
City State															1	Din	code		+		
						(0")			1 [COUE	;			
Tel.(Res.) (Off.) STD Code															Nobil	e					
E-mail																					
Put a(☑) tick mark w	herever applic	cable																			
Proposer's Trade or Busir	ness																				
Location of equipment to insured (address of buildi																					
Structure of building	• •	keleton 🗆			В	rickworł	< □			Со	ncrete				Wo	od 🗆]				
1. Has any of the equip	ment to be insure	ed																			
previously been cove	ered by other insu	urance con							Yes[No								
If so, which items of t	the specification	and by whi	ich com	ipanie	s?																
a) State when the Ins	surance is																				
to commence? Note-Period of Insura	ance to expire at	the same	date ne	xt vea	r.				Date)											
2. Is all the equipment to									Yes[No								
If not, which items of	the specification	are secon	id hand	?																	
What equipment can (State items of the sp		ex works?																			
3. Condition of equipme																					
Is the equipment mai		dance with	the						N I	_				_							
manufacturer's instru	ictions?								Yes[No								
4. Quality of staff -																					
Have operators been	trained with mar	nufacturer	?						Yes[No								
5. Is there a risk of floor	d and inundation	?							Yes[No								
If so, specify										odies y othe	of wate rs⊡	er□	By	torrent	tial ra	infall	□ E	By sew	er ba	ck flo	w□
6. Are dangerous mater	rials used in the v	vicinity?							Yes[No								
If so, specify									Acid	s□			Pro	epared	or se	ensitiz	ed p	apers]		
									Dye	s□ eloper	• [—]			st solut plosive				actors			
									Othe		5		EX	piosive	:5		1	sotope	5		
7. Valid Maintenance Co If yes, Copy to be end									Yes[Nc								
8. Air conditioning Plant									Pres	surize	d		Re	comme	ender	d by n	nanu	facture			
	L									necess				.0011111	chack	abyn	nana	laotart			
				_		PRE	MIUM	DETA	AILS												
Premium Amount Rs.				R	upee	s:															
				01			JRCES		UND												
Salary	Business			Othe	rs (P	lease S	specif	y)													
Deale As a first			1 1	1	B	ANK A	CCOL	JNT D	ETAI	LS											
Bank Account No.								1 1				1 1									
Bank Name																					
Branch Name & Addres We hereby declare that the state		n this Questi	onnaire :	and Pro	posal a	are to the	best of a	our know	vledae	and be	lief. con	nplete a	Ind true	and we	hereb	y agre	e that	this Qu	estionr	naire a	nd proposal
forms the basis and is part of an other claims of whatever nature.	y policy issued in co	nnection wit	h the abo	ove risk	(s). It is	agreed t	hat the	nsurers	s are lia	able in a	accorda	nce with	the teri	ms of the	e polic	y only	and th	nat the I	nsured	will n	ot lodge any

Executed at	 	

_this day of

20

Corporate Offce : 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400 059. Toll free No. 1800 2 700 700 Fax 91 22 66383699 care@hdfcergo.com www.hdfcergo.com Registered Offce : Ramon House, H. T. Parekh Marg, 169, Backbay Reclamation, Mumbai 400 020, India.



ELECTRONIC DATA PROCESSING (EDP)

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

Name of the Proposer's	Mr./Ms./Mrs.											
· · · · · · · · · · · · · · ·		(First Na	ame)			(Middle N	lame)			(Last Name)		
Proposer's Postal												
Address												
City												
State									Pir	ncode		
Proposer's Trade or Bu	isiness											
Tel.(Res.)				(Off.)					Mobile			
	STD Code	 			STD Code			 			 	
E-mail												

Put a(☑) tick mark wherever applicable

1.	EDP System -	
a)	If the system is rented state monthly rent	Rs
b)	Date of start of operation	Date :
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.	
2.	Housing of the EDP System -	
a)	Central Unit -	Basement Ground Floor Floor Floor
b)	Peripheral Unit -	Basement Ground Floor 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
3.	Air-conditioning Plant -	Prescribed Recommend by the manufacturer Used for EDP system only
a)	Maintenance -	by the manufacturer by by
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 □
	Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?	 Yes □ No Optical □ Acoustic signal □ in the case of Presence of corrosive gases □ Excessive temp. □ Moisture
	Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	🗆 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 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 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

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.

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this day of 20

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

Name of the Proposer's N	Ir./Ms./Mrs.																		
			(First	Name)				(Middl	e Name)						(Last N	lame)			
Proposer's Postal																			
Address																			
City																			
State]	Pin	code	e			
Proposer's Trade or Bus	iness																		
Tel.(Res.)	STD Code				(Off.)	STD Co	de					Ν	/lobile	e 🗌					
E-mail																			

Put a(⊠) tick mark wherever applicable

1.	EDP system to be insured -					
a)	Operational hours on average		per day		per mont	h
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.					
2.	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, how often?	Ma	x. duration	Max. Cost I	ncurred	
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		4 days (96 hrs)	□ 7 days (1	68 hrs)	\Box 14 days (336 brs) \Box 28 days (672 brs)

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.

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