

Toll Free Number 1800-209-**5846** (1800-209-**LTIN**)



FOR OFFICE USE ONLY

Branch Code

Intermediary Code

Website www.ltinsurance.com



sms 'LTI' to 56070**58** (56070**LT**)

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"

business please mark that question as not applicable. 1477.	Intermediary Location Code : LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a ($$) mark wherever applicable.	Intermediary Employee Code: Intermediary Reference Code: Intermediary Refe
. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance.	Sales Manager Code : L
. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.	
lote: The liability of the Company does not commence until this proposal has been accepted by the company and the premium paid. PROPOSER INFORMATION	
lame of Proposer:	
Correspondence Address:	
· slock/Flat No.*:	<u>.</u> *:
treet Name*: Locality:	
andmark*:	
ity/Village*: Pincode*:	
ost Office:	PAN No.:
Mobile No.*: Landline*: S T D L	
mail ID 1*:	
mail ID 2:	
roposer's trade or occupation*:	
ocation of equipment to be insured (address of building/storey): Address same as above:	Yes No
not, please provide below (If there are multiple risk locations, use extra sheet)	
Block/Flat No.*: Building Nam	ne*:
treet Name*: Locality:	
andmark*:	
:ity/Village*: Pincode*:	
ost Office:	
tructure of building: Steel skeleton Brickwork Concrete Wood las any of the equipment to be insured previously been covered by other insurance companies?	Yes No
Yes, which items of the specification and by which companies?	
tate when the Insurance is to commence? Date: D D M M Y Y Y Y Y	

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

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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?	
Condition of equipment:	
Is the equipment maintained in accordance with the manufacturer's instructions?	
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, comagree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agrin accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insured information in strict confidence.	eed that the Insurers are liable
Place:	
Date:	
	Signature of Proposer

Addit	ional	al questionnaire for the Insurance of Electronic Data Processing (EDP systems)	
•	Nam	ne of proposer: FILRST TO THE STATE OF THE S	
Addre	ess of	of Proposer:	
Block	No.:	.: Floor No.: Building Name:	
Street	t Nar	ame:Locality:Locality:	
Landr	mark	k*:	
City/\	/illag	ge*: Pincode*:	
Post (Office	ce:	
Туре	of bu	pusiness:	
•	EDP :	² System	
	a.	If the system is rented, state monthly rent: ₹	
	b.	Date of start of operation:	
	C.	Operational hours per day in shifts: h h h : m m	
	d.	Name of manufacturer and/or lessor: F R S T M D D L E L A S T	
Addre	ess of	of manufacturer and/or lessor:	
Block	No.:	.: Floor No.: Building Name:	
Street	t Nar	ame: Locality:	
Landr	mark	k*:	
City/\	/illag	ge*: Pincode*:	
Post (Office	ce:	
	e.	What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system?	
	L		
Dlage	o fur	unish sony of local sortract if qualible	
		rnish copy of lease contract if available	
		using of the EDP System: Central Unit: Basement Ground floor	
	C.		
		On Floor ₹	
		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	
•	Air-c	conditioning Plant: Prescribed Recommend by the manufacturer	
	a.	Maintenance: By the manufacturer by	
	b.	Loss prevention:	

ELECTRONIC DATA PROCESSING (EDP)

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C.	Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?	
	Yes, in the case of excessive- 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 Excessi	ive temp. Moisture
	No	
e.	Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operations.	ation 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 stored in another hazard zone with a 'B'	ne specification' Mark data media
	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	20 times
•	Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Insurance Yes No	
agr in a	hereby declare that the statements made by us in this Questionnaire and Proposal are to the best of our knowledge and belief, ree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Information in strict confidence.	agreed that the Insurers are liabl
	Place:	
	Date:	
		Signature of Proposer

Broker: Loyal Insurance	
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INCREAS	SED COST OF WORKING									 		 				_
Addition	al Questionnaire for the Insurance of Increased Cost of Working	as a res	ult of failure of	f EDP s	system	1S										
• Nar	ne of proposer: F I R S T		M I	D	D L	E				 			L	А	SI	Γ
Address	of Proposer:															
Block No	.:		Building Nar	ne:												
Street Na	nme:		Locality:													
Landmar	k*:															
City/Villa	ge*:		Pincode*:													
Post Offic	re:															
Type of b	usiness:									 \perp						
• EDF	system to be insured:															
a.	Operational hours on average per day	per	r month													
b.	Is it possible in the event of failure to utilize other EDP system	so as to	obviate using	an ou	tside :	syster	n?			Yes		No				
C.	Are there any special agreement regarding continued paymen	it of the i	rent and other	costs i	f the I	EDP s	yster	n fail	s? [Yes		No				
	If so, please specify.									 		 				
• Out	side EDP system available for use:															
a.	Name and address of Owner Lessee:															
Name:	F R S T		MIIDDD	L	E					 			L	А	SI	Τ
Address:																
Block No	.: Floor No.:		Building Na	me:												
Street Na	nme:		Locality:													
Landmar	k*:															
City/Villa	ge*:		Pincode*:													
Post Offic	ce:															
b.	Is the use of the outside EDP systems subject to any Special co	onditions	(waiting perio	ds, co	nversi	on m	easui	res, e	tc.)?		Yes		No			
	If so, please specify									 		 				
C.	Has the system already been used? Yes No															
	If so, Maximum Duration		Maximum (Cost in	currec	l:				 						
d.	Causes:															
• Sum	ns to be insured:															
a.	Rent of substitute Equipments:	₹		p	er ho	ur										
b.	Indemnity period per occurrence:			V	veeks											
C.	Limit per occurrence (a x b):	₹														
d.	Aggregate indemnity limit during the period of insurance:	₹														
e.	Personnel Expenses:	₹														

Transportation of material:

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a.	onditions desired							
u.	Period of indemnity per occurr	rence (minimum):			Weeks			
b.	Time Excess:		4 days (96 hrs)	7 days (168 hrs)	14 days (336 hrs)	28 days (672 hrs)		
DECLA	RATION							
agree t in acco	reby declare that the statements rehat this questionnaire and proposordance with the terms of the poation in strict confidence.	sal forms the basis	and is part of any policy	issued in conr	nection with the	above risk(s). It	is agreed that the Ir	nsurers are liabl
relating	uthorize L&T General Insurance C g to me / us, with their affiliate/gr s of L&T General Insurance Comp	oup companies and	d also for communicating	g any p <u>rom</u> oti		offers and othe	•	
Place:								
Date:								
							Signature of Pr	oposer
PROHI	BITION OF REBATES – UNDER S	ECTION 41 OF INS	URANCE ACT 1938					
SPECIF	ICATION OF ITEMS TO BE INSUI	RED						
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 particularly part of equipment insured which has breakdown or failure the last three years and any sign of repair. In the fact of mobile equipment means and frequent transport, areas of op and distances. Please Picture or Admitter Tulbuilt in)	to be nad a during shows ne case state cy of eration state if	Location where working	state current the equip equipment o plus freight	t Value (Please cost of replacing ment by new of the same kind charges, Custom st of erection, terial)	'A' or 'B'

Signature of Proposer