



RAHEJA QBE GENERAL INSURANCE CO. LTD.

PROPOSAL FORM

ELECTRONIC EQUIPMENT INSURANCE POLICY

1. Name and address of Proposer				
Type of business				
Location of equipment to be insured:				
District				
State				
Pin Code				
Storey of the building where equipment is located	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> 1 st Floor	<input type="checkbox"/> Above 1 st floor
Structure of building	<input type="checkbox"/> Steel skeleton	<input type="checkbox"/> Brickwork	<input type="checkbox"/> Concrete	<input type="checkbox"/> 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 yes, which items of the specification (please look at last sheet of the proposal form for specifications) and by which companies?				
Period of Insurance	Start Date _____ Time _____ hrs to End Date _____			
Notes: (a) Start date and time cannot be before the payment of premium (b) Period of insurance to be for a maximum of 1 year.				
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?				
Are any of these items obsolete? (State items of the specification)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

4. Condition of equipment -				
Is the equipment maintained in accordance with the manufacturer's		<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?				
If so, specify		By bodies of water <input type="checkbox"/>	By torrential rainfall <input type="checkbox"/>	By sewer back flow <input type="checkbox"/>
Or by others		<input type="checkbox"/>		
7. Valid Maintenance Contract in force?				
If yes, Contract valid till		Date: _____		
8. On payment of additional premium do you wish to cover:		If yes provide limits of indemnity		
a) Escalation Amount/ percentage	a) <u>Rs.-----</u>			
b) Express Freight (excluding Airfreight), overtime and Holiday rates of wages	b) <u>Rs.-----</u>			
c) Air Freight	c) <u>Rs.-----</u>			
d) Surrounding property	d) <u>Rs.-----</u>			
e) Third Party Liability	e) <u>Rs.-----</u>			
• AOA	<u>Rs.-----</u>			
• AOY	<u>Rs.-----</u>			
f) Additional Customs Duty	f) <u>Rs.-----</u>			

This section is to be filled up only if EDP system is proposed to be covered.

ELECTRONIC DATA PROCESSING (EDP)	
1. EDP System -	
(a) Is the EDP system taken on lease/rented or is it owned by you.	<input type="checkbox"/> Rented/Leased <input type="checkbox"/> Owned
(b) Name and address of manufacturer and/or lessor.	

(c) 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 <input type="checkbox"/>	Ground Floor <input type="checkbox"/>	First Floor & above <input type="checkbox"/>	
(b) Peripheral Unit -	Basement <input type="checkbox"/>	Ground Floor <input type="checkbox"/>	First Floor & above <input type="checkbox"/>	
(c) Total value of plant located -	In basement	On ground floor	On first floor & above	
	Rs.	Rs.	Rs.	
(d) Is Installation in accordance with the manufacturers 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	
3. 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'				
(a) Storage -	On wooden shelves <input type="checkbox"/>	In steel cabinets <input type="checkbox"/>	In fire-proof cabinets <input type="checkbox"/>	Together with EDP system <input type="checkbox"/>
(b) Air-conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No			

QUESTIONS ON VOLUNTARY DEDUCTIBLES & OPTIONAL EXCLUSIONS

1. Deductible (Excess) desired (please tick in one of them-if left blank, it will be construed that you require normal deductible.	Standard (compulsory)	2 times Standard deductible	5 times Standard deductible	10 times Standard deductible	20 times Standard deductible
2. Do you wish to exclude the Fire & Allied Perils as per Standard Fire & Special Perils Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No				



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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

INCREASED COST OF WORKING

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

Please fill in this questionnaire only if you are opting to cover Increased Cost of Working

1. EDP system to be insured -	
(a) Operational hours on average	<input type="checkbox"/> per dav <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 FDP svstem fails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify.	
2. Outside EDP system available for use	
(a) Name and address of Owner/Lessee-	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee
(b) Is the use of the outside EDP systems subject to any special conditions (waiting	<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 -	



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(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) <input type="checkbox"/>	7 days (168 hrs) <input type="checkbox"/>	14 days (336 hrs) <input type="checkbox"/>	28 days (672 hrs) <input type="checkbox"/>

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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Place

Signature

Insurance Act 1938, Section 41 – Prohibition of Rebates

1. No person shall allow or offer to allow, either directly or indirectly as an inducement of any kind or 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

SPECIFICATIONS OF ITMES TO BE INCURRED

Serial. No.	Qty.	Description of items	Year of Mfg.	Remarks	Purchased or Hired	Replacement Value
		(Please give complete and precise description of all equipments including Name of manufacturer, Type, Serial No., Voltage, Power Input, etc.)		Give particulars of any part of the equipment to be insured which has broken down due to failure during last 3 yrs. & show any signs of repairs. In case of mobile equipment, state means & areas of operations & distances		
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