

PROPOSAL FORM ELECTRONIC EQUIPMENT INSURANCE

(Acceptance of this proposal is subject to the rules & regulations of All India EEI Tariff. The property is not covered until the proposal is accepted and premium paid.)

Agent/Broker Name					
Agent/Broker Code					
Agent Mobile Number		Email Address			
Name and address of the Proposer /Insured (in full)					
		City _____	State _____	Pin Code	<input type="text"/>
Do you wish to cover the interest of any financial institution- if yes, give details					
Are you at present Insured If so, with whom?				Yes/No	
Whether you have insured the same property for coverage under Fire Insurance. (Give details)				Yes/No	
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)				Yes/No	
Location of the Equipment to be insured					
		City _____	State _____	Pin Code	<input type="text"/>
Risk Occupancy		<i>(Describe the activities carried out in the premises)</i>			
Is there a risk of flood and inundation ?If yes , please specify the source					
Water Bodies <input type="checkbox"/>		Torrential rainfall <input type="checkbox"/>		Sewer back flow <input type="checkbox"/>	
				Others <input type="checkbox"/>	
Are dangerous materials used in the vicinity? If yes , please specify					
		Acids <input type="checkbox"/>		Prepared/sensitized papers <input type="checkbox"/>	
		Dyes <input type="checkbox"/>		Test Solutions <input type="checkbox"/>	
		Developers <input type="checkbox"/>		Isotopes <input type="checkbox"/>	
		Others <input type="checkbox"/>		Explosives <input type="checkbox"/>	
Period of Insurance		From To.....			
Is all the equipment to be insured new?				Yes/No	
If not, specification of the second hand items?					
Are any of the items obsolete? (State specification of the items)				Yes/No	
Is the equipment maintained in accordance with the manufacturer's instructions?				Yes/No	
Have operators been trained by the manufacturer?				Yes/No	
Is a Valid Maintenance Contract in force? If yes, Contract validity date _____				Yes/No	
Sum Insured Details					
Sr. No	Quantity	Description of Property	Identification Make/Model/Serial No's	Year of Make	Sum Insured
		<i>(Please attach separate sheet, if necessary)</i>			
Add-on Covers / Clauses Opted				Required	Sum Insured
Fire and Allied perils including Earthquake				Yes/No	
STFI				Yes/No	
Escalation Amount/ percentage				Yes/No	

Express Freight (excluding Airfreight), overtime and Holiday rates of wages)	Yes/No	
Air Freight	Yes/No	
Owners surrounding property	Yes/No	
Additional Customs duty	Yes/No	
Third Party Liability –	Yes/No	
	AOA _____	AOY _____

Note – Any additional add-ons (if any) to be separately attached as an annexure / additional sheet

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

ELECTRONIC DATA PROCESSING (EDP)

Ownership details of the EDP system	Rented <input type="checkbox"/>	Leased <input type="checkbox"/>	Owned <input type="checkbox"/>	
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?				
Operational hours per day in shifts				
Housing of the EDP System	Central Unit	Basement	Ground Floor	First Floor & Above
	Peripheral Unit	Basement	Ground Floor	First Floor & Above
	Total value of plant located – INR	Basement	Ground Floor	First Floor & Above
Manner in which the EDP system has been installed	Vibration <input type="checkbox"/>	Absorbers <input type="checkbox"/>		
	On rollers	By rigid anchoring <input type="checkbox"/>	Without anchoring <input type="checkbox"/>	
Is Installation in accordance with the manufacturer's recommendations? If not, specify deviations from instructions				
Air-conditioning Plant	Pressurized <input type="checkbox"/>	Recommended by Manufacturers <input type="checkbox"/>	Not Required <input type="checkbox"/>	
Maintenance By the Manufacturer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Loss Prevention				
Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?	Yes in case of excessive Moisture <input type="checkbox"/>	Temperature <input type="checkbox"/>	No <input type="checkbox"/>	
Is the air-conditioning plant also equipped with an Independent signaling device in the case of disturbance or failure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Optical <input type="checkbox"/>	Acoustic signal <input type="checkbox"/>	In the case of Presence of corrosive gases <input type="checkbox"/>	
		Excessive Moisture <input type="checkbox"/>	Temperature <input type="checkbox"/>	
Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours?				

This section is to be filled up only if External Data Media is proposed to be covered.

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'

Storage On wooden Shelves In steel Cabinets In fire-proof cabinets Together with EDP system

Air Conditioning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If not, how is air conditioning effected? Risk aggravating circumstances as in the storage rooms -	Steam and Water Lines <input type="checkbox"/>	Vibrations <input type="checkbox"/>	Acid Atmosphere <input type="checkbox"/>

Voluntary deductible opted, if yes, up to what limit?	Yes/No	Limit--
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This section is to be filled up only if Increased Cost of Working is proposed to be covered.
INCREASED COST OF WORKING

1. EDP system to be insured -

a) Operational hours on average	<input type="text"/>	per day	<input type="text"/>	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="text"/>	Yes	<input type="text"/>	No	
c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?	<input type="text"/>	Yes	<input type="text"/>	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? If so, how often?	Yes	No	
	Max. Duration _____	Max. Cost Incurred _____	

d) Causes

3. Sums to be insured -

a) Rent of substitute Equipment's	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
(168 hrs) | 14 days
(336 hrs) | 28 days
(672 hrs) |
|--------------------|---------------------|----------------------|----------------------|

Premium / Claim details for the past 5 years

Date of Loss	Details of Loss	Claim Amount	Premium Paid

Premium Payment Details:

Kindly select : Cheque DD NEFT Cash

Cheque /DD/ PO /UTR No.

Date IFSC

Amount in Rs.

Bank Account No.

Bank Name Branch

PAN Number

Aadhaar Number

Documents to be attached as per requirement for fulfillment of KYC Norms.

GST Registered	Yes/ No
GSTIN Number	
GST State	

DECLARATION BY INSURED

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / we hereby agree that this declaration shall form the basis of the contract between me / us and the "MAGMA HDI GENERAL INSURANCE CO. LTD."

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Place

Date

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

- 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 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.