

PROPOSAL FORM - ELECTRONIC EQUIPMENT INSURANCE POLICY

(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.)

BASIC INFORMATION

Agent/Broker Name																
Agent/Broker Code																
Agent Mobile Number						Email Address										
Name of the Proposer/ Insured (in full)																
Address																
City											State					
Pin Code						Landline No.										
Mobile No.																
Email:																

Do you wish to cover the interest of any financial institution- if yes, give details _____

Are you presently insured? If so, with whom? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Whether you have insured the same property for coverage under Fire Insurance. (Give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Location of the Equipment to be insured _____
City _____ State _____ Pin Code _____

Risk Occupancy _____
(Describe the activities carried out in the premises)

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
		(Please attach separate sheet, if necessary)			

Add-on Covers / Clauses Opted	Required	Sum Insured
Fire and Allied perils including Earthquake	Yes <input type="checkbox"/> No <input type="checkbox"/>	
STFI	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Escalation Amount/ percentage	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Express Freight (excluding Airfreight), overtime and Holiday rates of wages)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Air Freight	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Owners surrounding property	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Customs duty	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Third Party Liability –	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	AOA _____	AOY _____

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

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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 Leased Owned

Name of manufacturer or lessor

Address

City State

Pin Code Mobile

Email

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 Absorbers On rollers By rigid anchoring Without anchoring

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 <input type="checkbox"/>	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"/>
Air Conditioning	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If not, how is air conditioning effected?	Steam and Water Lines <input type="checkbox"/>	Vibrations <input type="checkbox"/>	Acid Atmosphere <input type="checkbox"/>	
Risk aggravating circumstances as in the storage rooms -				
Voluntary deductible opted, if yes, up to what limit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit <input type="text"/>	

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	Per day <input type="checkbox"/>	Per month <input type="checkbox"/>
b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If so, please specify.

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<p>2. Outside EDP system available for use</p> <p>a) Name and address of Owner/Lessee- _____</p> <p>b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? _____ If so, please specify _____</p> <p>c) Has the system already been used? _____ If so, how often? _____</p> <p>d) Causes _____</p>	<p>Owner <input type="checkbox"/> Lessee <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Max. Duration _____ Max. Cost Incurred _____</p>
<p>3. Sums to be insured -</p> <p>a) Rent of substitute Equipment's _____</p> <p>b) Indemnity period per occurrence _____</p> <p>c) Limit per occurrence (a x b) _____</p> <p>d) Aggregate indemnity limit during the period of insurance _____</p> <p>e) Personnel Expenses _____</p> <p>f) Transportation of material _____</p>	<p>Rs. _____ per hour _____ weeks</p> <p>Rs. _____</p> <p>Rs. _____</p> <p>Rs. _____</p>
<p>4. Conditions desired -</p> <p>a) Period of indemnity per occurrence (minimum) _____ weeks</p> <p>b) Time Excess</p>	<p>4 days (96 hrs) 7 days (168 hrs) 14 days (336 hrs) 28 days (672 hrs)</p>

Premium / Claim details for the past 5 years

Date of Loss	Details of Loss	Claim Amount	Premium Paid
D D M M Y Y Y Y			
D D M M Y Y Y Y			
D D M M Y Y Y Y			
D D M M Y Y Y Y			
D D M M Y Y Y Y			
D D M M Y Y Y Y			

Premium Payment Details: Kindly select : Cheque DD NEFT Cash

Cheque /DD/ PO /UTR No. _____

Date D D M M Y Y Y Y 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 D D M M Y Y Y Y

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.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.