

PROPOSAL FORM
ELECTRONIC EQUIPMENT INSURANCE

1. Name and address of Proposer	
Type of business	
Present Address	
Permanent Address	
Location of the Equipment / Risk	
Bank Account Details	<p>Account No.</p> <p>Account Type: Savings/Current</p> <p>Name of the Bank & Branch:</p> <p>MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank):</p>

Nomination:

In case of More than 1 Nominee, please attach a separate annexure mentioning all the details of nominees with their share in %

NOMINEE DETAILS	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Name of Nominee				
Date of Birth of Nominee(In DD/MM/YYYY)				
Percentage of Nomination	_____%	_____%	_____%	_____%
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				
Permanent Address				

In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee, as per the 'Nomination' clause defined by the IRDAI and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. For all other persons covered under the Policy, the Proposer will be the nominee

Bank account details of the nominee	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Account no.:				
Account Type (Saving/Current)				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)Appointee Name: _____

Relationship with Proposer: _____

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"/> Concret	<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

3. Is all the equipment to be insured	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 b) Express Freight (excluding Airfreight), overtime and Holiday rates of wages c) Air Freight d) Surrounding property e) Third Party Liability • AOA	a) Rs. ----- b) Rs. ----- c) Rs. ----- d) Rs. ----- e) Rs. ----- Rs. ----- Rs. -----			

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 instructions.	<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)	Standard	2 times Standard	5 times Standard	10 times Standard	20 times Standard
2. Do you wish to exclude the Fire & Allied Perils as per Standard Fire &	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Date

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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 day <input type="checkbox"/> per month
(b) Is it possible in the event of failure to utilize other EDP system so as	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Are there any special agreement regarding continued payment of	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify.	
2. Outside EDP system available for use	
(a) Name and address of	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee
(b) Is the use of the outside EDP systems subject to any special	<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 -									
(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	<table border="1"> <tr> <td>4 days (96 hrs)</td> <td>7 days (168 hrs)</td> <td>14 days (336 hrs)</td> <td>28 days (672 hrs)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	4 days (96 hrs)	7 days (168 hrs)	14 days (336 hrs)	28 days (672 hrs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 days (96 hrs)	7 days (168 hrs)	14 days (336 hrs)	28 days (672 hrs)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

I hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and Raheja QBE.

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*?
YES / NO

If yes, please give details:..... *Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate.

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof. I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer _____ Name of

Witness _____

Signature of Proposer _____ Signature of

Witness _____

Date: _____ Place: _____

Relationship with _____

Proposer: _____

Address of _____

Witness: _____

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Signature(s): _____ Date: _____

Title: _____

A policyholder or prospect, who is a person with disability, may duly authorize a representative to give declaration on his/her behalf.

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 ten lakh 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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10						