

**SHRIRAM GENERAL INSURANCE COMPANY LTD**

**PROPOSAL FORM**

**ELECTRONIC EQUIPMENT INSURANCE POLICY**

**SHRIRAM GENERAL INSURANCE COMPANY LIMITED**

|                                                                                                 |                                             |                                                 |                                            |                                       |
|-------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------|--------------------------------------------|---------------------------------------|
| 1. Name and address of proposer                                                                 | _____                                       |                                                 |                                            |                                       |
| Type of business                                                                                |                                             |                                                 |                                            |                                       |
| Location of equipment to be insured ( <i>address of building/storey</i> )                       |                                             |                                                 |                                            |                                       |
| Structure of building                                                                           | Steel skeleton <input type="checkbox"/>     | Brickwork <input type="checkbox"/>              | Concrete <input type="checkbox"/>          | <input type="checkbox"/> Wood         |
| 2. Has any of the equipment to be insured previously been covered by other insurance companies? | <input type="text"/>                        | Yes                                             | <input type="text"/>                       | No                                    |
| If so, which items of the specification and by which companies?                                 |                                             |                                                 |                                            |                                       |
| a) State when the Insurance is to commence?                                                     | Date _____                                  |                                                 |                                            |                                       |
| 3. Is all the equipment to be insured new?                                                      | <input type="text"/>                        | Yes                                             | <input type="text"/>                       | No                                    |
| If not, which items of the specification are second hand?                                       |                                             |                                                 |                                            |                                       |
| (State items of the specification)                                                              |                                             |                                                 |                                            |                                       |
| 4. Condition of equipment -                                                                     |                                             |                                                 |                                            |                                       |
| Is the equipment maintained in accordance with the manufacturer's instructions?                 | <input type="text"/>                        | Yes                                             | <input type="text"/>                       | No                                    |
| 5. Quality of staff -                                                                           |                                             |                                                 |                                            |                                       |
| Have operators been trained with manufacturer?                                                  | <input type="text"/>                        | Yes                                             | <input type="text"/>                       | No                                    |
| 6. Is there a risk of flood and inundation?                                                     | <input type="text"/>                        | Yes                                             | <input type="text"/>                       | No                                    |
| If so, specify                                                                                  | By bodies of water <input type="checkbox"/> | By torrential rainfall <input type="checkbox"/> | By sewer backflow <input type="checkbox"/> | Or by others <input type="checkbox"/> |

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|                                                                                                     |                                      |                                                       |                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>7. Are dangerous materials used in the vicinity?<br/>If so, specify</p>                          | <input type="text"/><br>Yes          | <input type="text"/><br>No                            | <p>Acids <input type="checkbox"/>    Prepared or sensitized papers <input type="checkbox"/><br/>         Developers <input type="checkbox"/>    Explosives <input type="checkbox"/><br/>         Dyes <input type="checkbox"/>    Test solutions <input type="checkbox"/><br/>         Isotopes <input type="checkbox"/>    Others <input type="checkbox"/></p> |
| <p>8. Valid Maintenance Contract in force?<br/>If yes, Copy to be enclosed</p>                      | <input type="text"/><br>Yes          | <input type="text"/><br>No                            |                                                                                                                                                                                                                                                                                                                                                                 |
| <p>9. Air conditioning Plant</p>                                                                    | <input type="checkbox"/> Pressurized | <input type="checkbox"/> Recommended by manufacturers | <input type="checkbox"/> not necessary                                                                                                                                                                                                                                                                                                                          |
| <p>10. Do you have a fire Policy for covering the same equipment<br/>If yes, the choose any one</p> | <input type="text"/><br>Yes          | <input type="text"/><br>No                            | <p><input type="checkbox"/> With Extention    <input type="checkbox"/> Without Extention</p>                                                                                                                                                                                                                                                                    |

**SPECIFICATION OF ITEMS TO BE INSURED**

| Item No | Description of items:<br>(Please give full and exact description of all equipment, including name of manufacture, type, serial number voltage, power input, etc. In the case of outdoor, lines, indicate length and method of laying) | Year of Manufac ture | Remarks<br>(Give particulars of any part of equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair. In the case of mobile equipment state means and frequency of transport, areas of operation and distances. Please state if Picture or Admitter tubes are built in) | Replacement value<br>(Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, custom duties costs of erection package material) |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         |                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                      |

**Total** \_\_\_\_\_

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.

Executed at \_\_\_\_\_ this day of \_\_\_\_\_ 20 \_\_\_\_\_

**Signature**



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|                                                                                                                                                  |                                                                                                                                                                                                             |                                                               |                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|
| <p>b) Peripheral Unit -</p>                                                                                                                      | <input type="checkbox"/> Basement                                                                                                                                                                           | <input type="checkbox"/> Ground Floor                         | <input type="checkbox"/> Floor                    |
| <p>c) Total value of plant located -</p>                                                                                                         | In basement<br>Rs. _____                                                                                                                                                                                    | On floor<br>_____                                             | On ground floor<br>Rs. _____                      |
| <p>d) Is Installation in accordance with the manufacturer's recommendations</p>                                                                  | <input type="checkbox"/>                                                                                                                                                                                    | Yes                                                           | <input type="checkbox"/>                          |
|                                                                                                                                                  |                                                                                                                                                                                                             |                                                               | No                                                |
|                                                                                                                                                  |                                                                                                                                                                                                             |                                                               | If not, specify deviations from instructions      |
| <p>e) Manner in which the EDP system has been installed</p>                                                                                      | <input type="checkbox"/> On vibration absorbers                                                                                                                                                             | <input type="checkbox"/> On rollers                           |                                                   |
|                                                                                                                                                  | <input type="checkbox"/> By rigid anchoring                                                                                                                                                                 | <input type="checkbox"/> Without anchoring                    |                                                   |
| <p>4. Air-conditioning Plant -</p>                                                                                                               | <input type="checkbox"/> Prescribed                                                                                                                                                                         | <input type="checkbox"/> Recommended by the manufacturer      |                                                   |
| <p>a) Maintenance -</p>                                                                                                                          | <input type="checkbox"/> by the manufacturer                                                                                                                                                                | <input type="checkbox"/> Used for EDP system only<br>by _____ |                                                   |
| <p>b) Loss prevention -</p>                                                                                                                      |                                                                                                                                                                                                             |                                                               |                                                   |
| <p>c) Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?</p>                        | <input type="checkbox"/> Yes, in the case of excessive -                                                                                                                                                    |                                                               |                                                   |
|                                                                                                                                                  | <input type="checkbox"/> Temperature                                                                                                                                                                        | No <input type="checkbox"/>                                   |                                                   |
|                                                                                                                                                  | <input type="checkbox"/> Moisture                                                                                                                                                                           |                                                               |                                                   |
| <p>0 Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?</p>                 | <input type="checkbox"/> Yes                                                                                                                                                                                |                                                               |                                                   |
| <input type="checkbox"/>                                                                                                                         | <input type="checkbox"/> Optical                                                                                                                                                                            | No <input type="checkbox"/>                                   |                                                   |
|                                                                                                                                                  | <input type="checkbox"/> Acoustic signal                                                                                                                                                                    |                                                               |                                                   |
|                                                                                                                                                  | <input type="checkbox"/> in the case of Presence of corrosive gases                                                                                                                                         |                                                               |                                                   |
|                                                                                                                                                  | <input type="checkbox"/> Excessive temp.                                                                                                                                                                    |                                                               |                                                   |
|                                                                                                                                                  | <input type="checkbox"/> Moisture                                                                                                                                                                           |                                                               |                                                   |
| <p>Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.</p> | Yes <input type="checkbox"/>                                                                                                                                                                                | No <input type="checkbox"/>                                   |                                                   |
| <p>5. External Data Media –</p> <p><b>Note</b> - Please answer the following questions only, if insurance is desired.</p>                        | <p>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'</p> |                                                               |                                                   |
| <p>a) Storage -</p>                                                                                                                              | 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"/> |

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b) Air-conditioning  Yes  No

if not, how is air conditioning effected?

Risk aggravating circumstances as in the storage rooms - steam & water lines  vibrations  acid atmosphere

6. Conditions (Excess) desired  2 times  5 times  times 20 times

7. A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.  Yes  No

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**Signature**

**INCREASED COST OF WORKING –**

\_\_\_\_\_ COMPANY LIMITED

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

1. Name and address of Proposer \_\_\_\_\_

Type of business \_\_\_\_\_

2. EDP system to be insured -

a) Operational hours on average  per day  per month

b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?  Yes  No

c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?  Yes  No

If so, please specify. \_\_\_\_\_

3. Outside EDP system available for use - \_\_\_\_\_

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|                                                                                                                          |                                              |                                             |                                              |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------|
| a) Name and address of -                                                                                                 | <input type="text"/><br>Owner                | <input type="text"/><br>Lessee              |                                              |
| b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? | <input type="text"/> Yes                     | <input type="text"/> No                     |                                              |
| If so, please specify                                                                                                    |                                              |                                             |                                              |
| c) Has the system already been used?                                                                                     | <input type="text"/> Yes                     | <input type="text"/> No                     |                                              |
| If so, how often?                                                                                                        | Max. duration _____ Max. Cost Incurred _____ |                                             |                                              |
| d) Causes                                                                                                                |                                              |                                             |                                              |
| 4. 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. _____                                    |                                             |                                              |
| 5. Conditions desired -                                                                                                  |                                              |                                             |                                              |
| a) Period of indemnity per occurrence (minimum)                                                                          | Weeks                                        |                                             |                                              |
| b) Time Excess                                                                                                           | <input type="text"/><br>4 days<br>(96 hrs)   | <input type="text"/><br>7 days<br>(168 hrs) | <input type="text"/><br>14 days<br>(336 hrs) |
|                                                                                                                          |                                              |                                             | <input type="text"/><br>28 days<br>(672 hrs) |

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Executed at \_\_\_\_\_ this day of \_\_\_\_\_ 20 \_\_\_\_\_

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Signature

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| <b>Item No</b> | <b>Description of items:</b><br>(Please give full and exact description of all equipment, including name of manufacture, type, serial number voltage, power input, etc. In the case of outdoor, lines, indicate length and method of laying) | <b>Year of Manufac ture</b> | <b>Remarks</b><br>(Give particulars of any part of equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair. In the case of mobile equipment state means and frequency of transport, areas of operation and distances. Please state if Picture or Admitter tubes are built in) | <b>Replacement value</b><br>(Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, custom duties costs of erection package material) |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                |                                                                                                                                                                                                                                              |                             |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |

**Total** \_\_\_\_\_

**PROHIBITION OF REBATES –**

(Under Section 41 of Insurance Act 1938):

- i) 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 of 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 published prospectuses or tables of the Insurer.
- ii) Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to five hundred rupees.