

ELECTRONIC EQUIPMENTS INSURANCE PROPOSAL FORM

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for Electronic Equipment Insurance. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

FOR OFFICE USE:

Intermediary Name: _____ Intermediary Code: _____

 Business Channel: Agency Banca Corporate/Broking Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

SECTION I
1. Period of Insurance

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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2. Name of the Proposer

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3. Address of the Proposer

State																									Pin code				
Telephone no.															Mobile no.														

4. Type of Business

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5. Location of equipment to be insured (address of building/ storey)

State																									Pin code				

CKYC (if available) _____

6. Structure of Building

 Steel Skeleton: Brickwork Concrete Wood

7. Has any of the equipment to be insured previously been covered by other insurance companies? YES NO

If YES, which items of the specification and by which companies?

State when the Insurance is to commence? _____

Note-Period of Insurance to expire at the same date next year.

8. Is all the equipment to be insured new? YES NO

If not, which items of the specification are second-hand?

What equipment can still be obtained ex works? (State items of the specification)

9. Condition of equipment – Is the equipment maintained in accordance with the manufacturer's instructions? YES NO
10. Quality of staff – Have operators been trained with manufacturer? YES NO
11. Is there a risk of flood and inundation? YES NO
If YES, specify By bodies of water By torrential rainfall By sewer backflow Or by others
12. Are dangerous materials used in the vicinity? YES NO
If YES, specify Acids Prepared or sensitized papers Dyes Test solutions Developers Explosives Isotopes Others
13. Is a valid Maintenance Contract in force? YES NO, If yes, Copy to be enclosed
14. Air conditioning Plant is Pressurized Recommended by manufacturers not necessary

SECTION II: ELECTRONIC DATA PROCESSING (EDP)

Additional questionnaire for the Insurance of Electronic Data Processing (EDP systems)

1. EDP System

- a. If the system is rented, state monthly rent: Rs _____
- b. Date of start of operation:

- c. Operational hours per day in shifts:

- d. Name and address of manufacturer and/or lessor: _____

- e. 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 Ground Floor Floor
- b. Peripheral Unit: Basement Ground Floor Floor
- c. Total value of plant located:
- | | | |
|---------|-----------|--------|
| i. In | basement: | Rs. |
| _____ | | |
| ii. On | ground | floor: |
| _____ | | |
| iii. On | Floor: | Rs. |
| _____ | | |
- d. Is Installation in accordance with the manufacturer's recommendations? YES NO
If not, specify deviations from instructions
- e. State the manner in which the EDP system has been installed
 On vibration absorbers On rollers By rigid anchoring Without anchoring

3. Air-conditioning Plant Prescribed Recommend by the manufacturer Used for EDP system only

- a. Maintenance: By the manufacturer By _____

b. Loss prevention:

i. Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?

Yes, in the case of excessive: Temperature Moisture NO

ii. Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?

Yes: Optical Acoustic signal in the case of Presence of corrosive gases Excessive temp. Moisture NO

iii. Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours? YES NO

4. External Data Media

Note - Please answer the following questions only, if insurance is desired.

	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	In steel cabinets	In fire-proof cabinets	Together with EDP system
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	
Conditions (Excess) desired	2 Times	5 Times	10 Times	20 Times
Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	YES	NO		

SECTION III: INCREASED COST OF WORKING

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

1. 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 _____ yes, _____ 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 _____ yes, _____ please _____ specify

c. Has the system already been used? YES NO

If so, how often? Max. duration _____ Max. Cost Incurred _____

d. Causes:

e. Sums to be insured

i. Rent of substitute Equipments: Rs. _____ per hour

ii. Indemnity period per occurrence: _____ Weeks

iii. Limit per occurrence (a x b): Rs. _____

iv. Aggregate indemnity limit during the period of insurance: Rs. _____

v. Personnel Expenses: Rs. _____

vi. Transportation of material: Rs. _____

f. Conditions desired

- i. Period of indemnity per occurrence (minimum): _____ Weeks
- ii. Time Excess: 4 days/(96 hrs) 7 days/ (168 hrs) 14 days/ (336 hrs) 28 days/ (672 hrs)

On payment of additional premium do you wish to cover –

		If Yes, provide limits of indemnity	
a) Escalation	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Owner's surrounding property Air Freight	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Third Party Liability			
i) For any one accident	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) For any one Year	Rs. _____		
d) Express Freight Clearance & Removal of Debris	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Air Freight	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Additional Custom Duty	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k) Terrorism	Rs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Premium Details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom.

If you still wish for a physical copy, you may tick on this box.

ANTI MONEY LAUNDRING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

DECLARATION BY INSURED

i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.

ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.

iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this _____ application form. In case of any refund, please process the same in below mentioned proposer's bank account."

iv. I/we am/are (please tick all that are applicable)

High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s Non-Governmental Organization Film Actor/s Producer/s

v. I agree to receive service related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.

vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/o FGIICL authorised person/agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

Proposer's Signature: _____ Place: _____ Date: _____

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature: _____

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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published 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 TEN LAKHS.