

# 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's 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 \_\_\_\_\_

POSP PAN (if applicable) \_\_\_\_\_

**SECTION I**

**1. Period of Insurance**

<b>From</b>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>To</b>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
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**2. Name of the Proposer**

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**3. Address of the Proposer**

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**State**

**Pin code**

**Telephone**

**Mobile no.**

**4. Type of Business**

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

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**State**

**Pin code**

**6.** CKYC Number (if available) \_\_\_\_\_

**7. Structure of Building**

Steel Skeleton:  Brickwork  Concrete  Wood

**8.** 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 Insurance is to commence. \_\_\_\_\_ Note-  
Period of Insurance to expire on the same date next year.

**9.** 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)

10. Condition of equipment – Is the equipment maintained in accordance with the manufacturer's instructions?  YES  NO

11. Quality of staff – Have operators been trained with manufacturer?  YES  NO

12. 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

13. Are dangerous materials used in the vicinity?  YES  NO

If YES, specify  Acids  Prepared or sensitized papers  Dyes  Test solutions  Developers  Explosives  Isotopes  Others

14. Is a valid Maintenance Contract in force?  YES  NO, If yes, Copy to be enclosed

15. 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: Rs.

\_\_\_\_\_ 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 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)

**Payment 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/-  
The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

**Declarations:**

- 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/ or 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. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, 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

**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: \_\_\_\_\_

#### **ANTI MONEY LAUNDERING**

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and antibribery 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.

#### **SECTION 41. OF INSURANCE ACT, 1938-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 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. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.



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