The New India Assurance Company Limited

Registered & Head Office : New India Assurance, 87, M.G. Road, Fort, Mumbai - 400 001.

QUESTIONNAIRE AND PROPOSAL FOR ELECTRONIC EQUIPMENT FLOATER POLICY

UIN : IRDAN190CP0069V01201819

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid)

Put a (√) Tick mark wherever applicable. Answer in full. No abbreviations should be used.

1. Name and address of proposer	_____
Type of business	
Location of equipment to be insured *(address of building/ storey)*	
Structure of building	Steel skeleton ☐ Brickwork ☐ Concrete ☐ Wood ☐
2. Has any of the equipment to be insured previously been covered by other insurance companies?	☐ Yes ☐ No
If so, which items of the specification and by which companies?	
a) State when the Insurance is to commence?	Date _____
Note-Period of Insurance to expire at the same date next year.	
3. 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)	
4. Condition of equipment -	
Is the equipment maintained in accordance with the manufacturer's instructions?	☐ Yes ☐ No
5. Quality of staff -	
Have operators been trained with manufacturer?	☐ Yes ☐ No
6. Is there a risk of flood and inundation?	☐ Yes ☐ No
If so, specify	By bodies of water ☐ By torrential rainfall ☐ By sewer backflow ☐ Or by others ☐
7. Are dangerous materials used in the vicinity?	☐ Yes ☐ No
If so, specify	Acids ☐ Prepared or sensitized papers ☐ Dyes ☐ Test solutions ☐ Developers ☐ Explosives ☐ Isotopes ☐ Others ☐
8. Valid Maintenance Contract in force?	☐ Yes ☐ No
If yes, Copy to be enclosed	
9. Air conditioning Plant	☐ Pressurized ☐ Recommended by manufacturers ☐ not necessary

I/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 _____

Proposer's Signature.....

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

1. Name and address of Proposer	_____
Type of business	
2. 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.	
3. 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 -	In basement Rs. _____ / On ground floor Rs. _____ / On floor Rs. _____ / On floor Rs. _____
d) Is Installation in accordance with the manufacturer's recommendations	☐ Yes ☐ No
	If not, specify deviations from instructions

e) Manner in which the EDP system has been installed	☐ On vibration absorbers ☐ By rigid anchoring	☐ On rollers ☐ Without anchoring
4. Air-conditioning Plant -	☐ Prescribed	☐ Recommend by the manufacturer
	☐ Used for EDP system only	
a) Maintenance -	☐ by the manufacturer	by _____
b) Loss prevention -		
c) 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 ☐
☐ 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 ☐
Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	Yes ☐	No ☐

5. 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 ☐
6.	Conditions (Excess) desired	☐ 2 times ☐ 5 times		☐ 10 times ☐ 20 times
7.	A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	☐	Yes	☐ No
8.	Whether there is any maintenance contract? If yes, copy of the contract is to be attached.			

Please use additional pages, if required

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Executed at _____ _____this day of 20 ____

Proposer's Signature.....

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 -	
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 so, please specify	_____
c) Has the system already been used?	☐ Yes ☐ No
If so, how often?	Max. duration_____Max. fCost 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	☐ 4 days (96 hrs) ☐ 7 days (168 hrs) ☐ 14 days (336 hrs) ☐ 28 days (672 hrs)

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Executed at _____ _____this day of 20 _____

Proposer's Signature.....

Section 41 of Insurance Act 1938

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.

Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to Ten Lakhs rupees.

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