



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 INSURANCE POLICY
UIN : IRDAN190CP0070V01201819**

(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.

<p>1. Name and address of proposer</p> <p style="margin-left: 20px;">Type of business</p> <p style="margin-left: 20px;">Location of equipment to be insured (<i>address of building/storey</i>)</p> <p style="margin-left: 20px;">Structure of building</p>	<p>_____</p> <p>Steel skeleton <input type="checkbox"/> Brickwork <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/></p>
<p>2. Has any of the equipment to be insured previously been covered by other insurance companies?</p> <p style="margin-left: 20px;">If so, which items of the specification and by which companies?</p> <p style="margin-left: 20px;">a) State when the Insurance is to commence?</p> <p style="margin-left: 40px;">Note-Period of Insurance to expire at the same date next year.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date _____</p>
<p>3. Is all the equipment to be insured new?</p> <p style="margin-left: 20px;">If not, which items of the specification are second hand?</p> <p style="margin-left: 20px;">What equipment can still be obtained ex works?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p>



(State items of the specification)				
4. Condition of equipment - Is the equipment maintained in accordance with the manufacturer's instructions?	<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 inundation? If so, specify	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	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"/>
7. Are dangerous materials used in the vicinity? If so, specify	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Acids <input type="checkbox"/>	Prepared or sensitized papers <input type="checkbox"/>	Dyes <input type="checkbox"/>	Test solutions <input type="checkbox"/>
	Developers <input type="checkbox"/>	Explosives <input type="checkbox"/>	Isotopes <input type="checkbox"/>	Others <input type="checkbox"/>
8. Valid Maintenance Contract in force? If yes, Copy to be enclosed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Air conditioning Plant	<input type="checkbox"/>	Pressurized	<input type="checkbox"/>	Recommended by manufacturers
			<input type="checkbox"/>	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.....



ELECTRONIC EQUIPMENT INSURANCE POLICY

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

<p>1. Name and address of Proposer</p> <p style="margin-left: 20px;">Type of business</p> <p>2. EDP System -</p> <p style="margin-left: 20px;">a) If the system is rented state monthly rent</p> <p style="margin-left: 20px;">b) Date of start of operation</p> <p style="margin-left: 20px;">c) Operational hours per day in shifts</p> <p style="margin-left: 20px;">d) Name and address of manufacturer and/or lessor.</p> <p style="margin-left: 20px;">e) What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system?</p> <p style="margin-left: 40px;">Please furnish copy of lease contract if available.</p> <p>3. Housing of the EDP System -</p> <p style="margin-left: 20px;">a) Central Unit -</p> <p style="margin-left: 20px;">b) Peripheral Unit -</p> <p style="margin-left: 20px;">c) Total value of plant located -</p> <p style="margin-left: 20px;">d) Is Installation in accordance with the manufacturer's recommendations</p>	<hr style="border: 0.5px solid black;"/> <p>Rs. _____</p> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 5px;"> <input type="checkbox"/> Basement </td> <td style="width:33%; border-right: 1px solid black; padding: 5px;"> <input type="checkbox"/> Ground Floor </td> <td style="width:33%; padding: 5px;"> <input type="checkbox"/> Floor </td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"> <input type="checkbox"/> Basement </td> <td style="border-right: 1px solid black; padding: 5px;"> <input type="checkbox"/> Ground Floor </td> <td style="padding: 5px;"> <input type="checkbox"/> Floor </td> </tr> </table> <p style="margin-left: 20px;">In basement On ground floor On floor On floor Rs. _____ floor Rs. _____ Rs. _____ Rs. _____</p> <p style="margin-left: 40px;"> <input style="width: 50px; height: 20px;" type="text"/> Yes <input style="width: 50px; height: 20px;" type="text"/> No </p> <p align="center" style="margin-top: 10px;">If not, specify deviations from instructions</p>	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor
<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor					
<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor					



<p>e) Manner in which the EDP system has been installed</p>	<p><input type="checkbox"/> On vibration absorbers</p> <p><input type="checkbox"/> By rigid anchoring</p>	<p><input type="checkbox"/> On rollers</p> <p><input type="checkbox"/> Without anchoring</p>		
<p>4. Air-conditioning Plant -</p>	<p><input type="checkbox"/> Prescribed</p>	<p><input type="checkbox"/> Recommend by the manufacturer</p>		
<p>a) Maintenance -</p> <p>b) Loss prevention -</p>	<p><input type="checkbox"/> Used for EDP system only</p> <p><input type="checkbox"/> by the manufacturer</p>	<p>by _____</p>		
<p>c) Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?</p>	<p><input type="checkbox"/> Yes, in the case of excessive -</p> <p><input type="checkbox"/> Temperature</p> <p><input type="checkbox"/> Moisture</p>	<p>No <input type="text"/></p>		
<p><input type="checkbox"/> Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Optical</p> <p><input type="checkbox"/> Acoustic signal</p> <p><input type="checkbox"/> in the case of Presence of corrosive gases</p> <p><input type="checkbox"/> Excessive temp.</p> <p><input type="checkbox"/> Moisture</p>	<p>No <input type="text"/></p>		
<p>Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.</p>	<p>Yes <input type="text"/></p>	<p>No <input type="text"/></p>		
<p>5. External Data Media –</p> <p>Note - 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>	<p>On wooden shelves <input type="checkbox"/></p>	<p>In steel cabinets <input type="checkbox"/></p>	<p>In fire-proof cabinets <input type="checkbox"/></p>	<p>Together with EDP system <input type="checkbox"/></p>



b) Air-conditioning if not, how is air conditioning effected?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Risk aggravating circumstances as in the storage rooms -	steam & water lines <input type="checkbox"/>	vibrations <input type="checkbox"/>	acid atmosphere <input type="checkbox"/>	
6. Conditions (Excess) desired	<input type="checkbox"/> 2 times	<input type="checkbox"/> 5 times	<input type="checkbox"/> 10 times	<input type="checkbox"/> 20 times
7. A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8. Whether there is any maintenance contract? If yes, copy of the contract is to be attached.				

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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**

<p>1. Name and address of Proposer</p> <p style="text-align: right;">_____</p> <p>Type of business</p> <p style="text-align: right;">_____</p> <p>2. EDP system to be insured -</p> <p>a) Operational hours on average</p> <p>b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?</p> <p>c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?</p> <p style="text-align: center;">If so, please specify.</p>	<p style="text-align: right;">_____</p> <p style="text-align: right;">_____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px solid black;"> <input type="text"/> per day </td> <td style="width: 50%; text-align: center;"> <input type="text"/> per month </td> </tr> <tr> <td style="text-align: center; border-right: 1px solid black;"> <input type="text"/> Yes </td> <td style="text-align: center;"> <input type="text"/> No </td> </tr> <tr> <td style="text-align: center; border-right: 1px solid black;"> <input type="text"/> Yes </td> <td style="text-align: center;"> <input type="text"/> No </td> </tr> </table> <p style="text-align: right;">_____</p>	<input type="text"/> per day	<input type="text"/> per month	<input type="text"/> Yes	<input type="text"/> No	<input type="text"/> Yes	<input type="text"/> No
<input type="text"/> per day	<input type="text"/> per month						
<input type="text"/> Yes	<input type="text"/> No						
<input type="text"/> Yes	<input type="text"/> No						
<p>3. Outside EDP system available for use -</p> <p>a) Name and address of -</p> <p>b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)?</p> <p style="text-align: center;">If so, please specify</p> <p>c) Has the system already been used?</p> <p style="text-align: center;">If so, how often?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px solid black;"> <input type="text"/> Owner </td> <td style="width: 50%; text-align: center;"> <input type="text"/> Lessee </td> </tr> <tr> <td style="text-align: center; border-right: 1px solid black;"> <input type="text"/> Yes </td> <td style="text-align: center;"> <input type="text"/> No </td> </tr> <tr> <td style="text-align: center; border-right: 1px solid black;"> <input type="text"/> Yes </td> <td style="text-align: center;"> <input type="text"/> No </td> </tr> </table> <p style="text-align: right;">_____</p> <p style="text-align: right;">Max. duration _____ Max. fCost Incurred _____</p>	<input type="text"/> Owner	<input type="text"/> Lessee	<input type="text"/> Yes	<input type="text"/> No	<input type="text"/> Yes	<input type="text"/> No
<input type="text"/> Owner	<input type="text"/> Lessee						
<input type="text"/> Yes	<input type="text"/> No						
<input type="text"/> Yes	<input type="text"/> No						



<p>d) Causes</p> <hr/> <p>4. Sums to be insured -</p> <p>a) Rent of substitute Equipments</p> <p>b) Indemnity period per occurrence</p> <p>c) Limit per occurrence (a x b)</p> <p>d) Aggregate indemnity limit during the period of insurance</p> <p>e) Personnel Expenses</p> <p>f) Transportation of material</p> <p>5. Conditions desired -</p> <p>a) Period of indemnity per occurrence (minimum)</p> <p>b) Time Excess</p>	<hr/> <hr/> <p>Rs. _____ per hour</p> <p>_____ Weeks</p> <p>Rs. _____</p> <p>Rs. _____</p> <p>Rs. _____</p> <p>Rs. _____</p> <p>_____ Weeks</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">4 days (96 hrs)</td> <td style="text-align: center; font-size: small;">7 days (168 hrs)</td> <td style="text-align: center; font-size: small;">14 days (336 hrs)</td> <td style="text-align: center; font-size: small;">28 days (672 hrs)</td> </tr> </table>					4 days (96 hrs)	7 days (168 hrs)	14 days (336 hrs)	28 days (672 hrs)
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