ELECTRONIC EQUIPMENTS INSURANCE PROPOSAL FORM



IMPORTANT:

- 1. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.
- 2. Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.
- 3. It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.
- 4. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium

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Inte	Intermediary Name: Intermediary Code:																											
Busin	Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct																											
RM/SP Name: RM/SP Code:																												
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7.	St	ructure of Building							
	Ste	eel Skeleton: Brickwork Concrete Wood							
8.		as any of the equipment to be insured previously been covered by other insurance companies? [_ _]NO	_] YES						
	If Y	YES, which items of the specification and by which companies?							
			State						
	wh	nen Insurance is to commence	_ Note-						
	Pei	riod of Insurance to expire on the same date next year.							
9.	Is	all the equipment to be insured new? [_] YES [_] NO							
	If n	not, which items of the specification are second-hand?							
	Wh	nat equipment can still be obtained ex works? (State items of the specification)							
10.		ondition of equipment – Is the equipment maintained in accordance with the manufacturer's inst YES \square NO	ructions?						
11.	Qι	uality of staff – Have operators been trained with manufacturer? [_] YES [_] NO							
12.	Is there a risk of flood and inundation? [_] YES [_] NO								
	If Y	YES, specify $[_]$ By bodies of water $[_]$ By torrential rainfall $[_]$ By sewer backflow $[_]$ Or by other	ers						
13.	Ar	re dangerous materials used in the vicinity? [_] YES [_] NO							
		YES, specify [_] Acids [_] Prepared or sensitized papers [_] Dyes [_] Test solutions [_] Develope plosives [_] Isotopes [_] Others	ers [_]						
14.	Is	a valid Maintenance Contract in force? [_] YES [_] NO, If yes, Copy to be enclosed							
15.	Ai	r conditioning Plant is [_] Pressurized [_] Recommended by manufacturers [_] not necessary							
SEC	CTIC	<u>ON II:</u> ELECTRONIC DATA PROCESSING (EDP)							
Ad	diti	onal questionnaire for the Insurance of Electronic Data Processing (EDP systems)							
1.	ED	P 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 t system?	the EDP						
		Please furnish copy of lease contract if available.							

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2.	Ho	ousing of the ED	P System										
	a.	Central Unit: [_	_] Basement [] Groun	d Floor [_] Floor									
	b.	ь. Peripheral Unit: [_] Basement [_] Ground Floor [_] Floor											
	c.	Total value of pl	lant located:										
		i. In basem											
		ii. On ground floor: Rs											
		On Floor: Rs											
	d.	Is Installation in	n accordance with the n	nanufacturer's recomm	nendations? [_] YES [_	_] NO							
		If not, specify d	eviations from instruct	ions									
	e.	State the manne	er in which the EDP sys	tem has been installed									
		[_] On vibratio	on absorbers [_] On rol	llers [_] By rigid anch	oring [_] Without and	choring							
3.	Ai on	_	Plant [_] Prescribed [_] Recommend by the	manufacturer [_] Used	d for EDP system							
	a.	Maintenance: [_	_] By the manufacturer	Ву									
					b. Loss pre	evention:							
		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 [_] Excessiv [_] Moisture [_] NO												
			loss prevention measu side operational hours?		ely, even if the above pr	otective devices are							
4.	Ex	ternal Data Med	lia										
No	te -	Please answer th	ne following questions (only, if insurance is des	ired.								
			as the EDP system v		the same hazard zone umn 'Location of the ther hazard zone with								
a. Storage			On wooden shelves	In steel cabinets	In fire-proof cabinets	Together with EDP system							
b. A	ir-c	onditioning	YES	NO									
		how is air											
conditioning effected? Risk aggravating			steam &	vibrations	acid atmosphere								

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water

lines

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circumstances as in

the storage rooms-

Conditions (Excess) desired	2 Times	5 Times	10 Times	20 Times
Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.		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

sys	ter	ns
1.	ΕĽ	P 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.	0ι	itside 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 specifyc.
		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)

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D	
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.

Bank details of proposer for refund or claim purpose:

Name of bank account holder (mention specifically, if different from name of policyholder):

Bank Name & Branch:

Bank Account Number:

IFS Code:

Nominee Details:

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number: E-Mail ID:

Address of Nominee: Present address:

Permanent address: ((if left blank, will be construed as being same as Present Address))

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

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

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_	er's Signature: Place: Date: Equipment Insurance – Proposal Form Page 6 of 8
viii.	We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for urposes related to this proposal and the insurance policy that may be issued hereon. I/We/Propose inderstand(s) that all such information/data will be handled as per the FGIICL Privacy Policy, available attps://general.futuregenerali.in/privacy-policy
vii.	consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records egistry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand nat acceptable officially valid documents shall be relied upon for the said verification of KYC records. I lso, consent to receive information from the Central KYC Registry through SMS/email on the bovementioned 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 a case of any modification, the applicable information will be provided to FGII for updating the CKYC egistry Records.
vi.	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 colicies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said corage 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.
٧.	agree to receive service-related information from FGIICL and its service providers from time to time arrough electronic and telecom modes, including WhatsApp, and understand that no unsolicited aformation will be sent to me.
iv.	we am/are (please tick all that are applicable) High Net Worth Individual/s Non-Residential Indian/s Politically Exposed Person/s Non-Governmental Organization
	/We hereby confirm that the premium payment have been paid by, who is having an surable interest in my/our policy under this application form. In case of any refund, please process the me in below mentioned proposer's bank account."
iii.	I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally eclared and assessed sources of my/our income and not out of proceeds of crime related to any offence onder the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that GIICL reserves the right to call for documents and information to establish the source of funds, as also the ght to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the remium amount, if I/We am/are found to be named in any recognized sanction list/happen to have itolated any provisions of law." OR
ii.	understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the presponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid hall be forfeited to FGIICL.
	UTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the onditions prescribed by FGIICL.

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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, where available/chosen, your eIA 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 \square
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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Future Generali India Insurance Company Limited, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287 Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: https://general.futuregenerali.in | Email: fgcare@futuregenerali.in

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