ELECTRONIC EQUIPMENT INSURANCE
PROPOSAL FORM

IMPORTANT GUIDELINES:

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.***

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	**From**	D	D	M	M	Y	Y	Y	Y	**To**	D	D	M	M	Y	Y	Y	Y									
2. Name of the Proposer																											
3. A. Present Address of the Proposer																											
State																	**Pin code**										
B. Permanent address of the proposer (if left blank, will be construed as being same as Present Address)																											
State																	**Pin code**										
Telephone no.											**Mobile no.**																

4. Type of Business

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

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 airconditioning 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.

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 GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.

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

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 GCICL 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
☐ Non-Governmental Organization

v. I agree to receive service-related information from GCICL 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 GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

vii. I consent to the fact that GCI 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 GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.

viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at https://generalicentralinsurance.com

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

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, 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. □

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 GCICL 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 GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

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

GCICL 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 GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL 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.

Generali Central Insurance Company Limited (**Formerly known as** Future Generali India Insurance Company Limited) | **Registered Office:** Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132| **CIN:** U66030MH2006PLC165287| **Website:** https://generalicentralinsurance.com | **Email ID:** gcicare@generalicentral.com| **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800