

SECTION I

1. Period of Insurance

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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2. Name of the Proposer

[illegible]

3. Address of the Proposer

5. Address of the proposer.																												
State												Pin code																
Telephone no.												Mobile no.																

4. Type of Business

[illegible]

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

5. Location of equipment to be insured (address of building, store)																			
State											Pin code								

6. Structure of Building

Steel Skeleton: ☐ Brickwork ☐ Concrete ☐ Wood

7. 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 the Insurance is to commence?

Note-Period of Insurance to expire at the same date next year.

8. 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)

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

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

11. 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

12. Are dangerous materials used in the vicinity? ☐ YES ☐ NO

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

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

14. 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 the 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)

DECLARATIONS:

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 and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD

☐ I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR
☐ I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

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

Payment details:

Premium paid by Cash/ Cheque No _____ Date: DD/MM/YY Bank _____

Amount (Rs.) _____

PAN _____ (if premium payable is above Rs.1 lac (Please attach proof)

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

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the premium paid is more than Rs 25000/-

For Intermediary Use Only

Intermediary's Code:	Intermediary's Name:
Intermediary's Signature :	

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 punishable with fine, which may extend to Five Hundred Rupees.

**FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED**

Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai -400013
 Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in
 IRDA Regn. No. 132, CIN - U66030MH2006PLC165287, Service Tax Registration Number: AABCF0191RSD002

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