



# PROPOSAL FORM FOR ELECTRONIC EQUIPMENT INSURANCE

Proposal Form No.: \_\_\_\_\_

**For Official Use Only**Business Sector: Urban ☐ Rural ☐ Social ☐

Agent/ Broker Name: \_\_\_\_\_ Marketing Officer: \_\_\_\_\_

Branch Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Client ID Number: \_\_\_\_\_ Group ID Number: \_\_\_\_\_

Received date &amp; time by MO: DD / MM / YYYY HH : MM

**GUIDELINES FOR COMPLETION OF THE FORM**

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

**Note:** The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.**SCOPE OF COVER**

The Insurance Policy broadly covers material damage to electronic equipment (which can include systems software) due to sudden and unforeseen events, under Section I, cost of external data media, including cost of reconstruction of data under Section II, as also increased cost of working under Section III. While Section I is compulsory, Section II and Section III are optional.

**SIGNIFICANT EXCLUSIONS:** The Insurance Policy does not cover losses/ damages due to wear & tear, war, wilful act or negligence, aesthetic defects and consequential loss.**Note:** The foregoing is only an indication of the cover offered. For details please refer to the Policy.**CLIENT INFORMATION**

Proposer's Name: \_\_\_\_\_

Proposer's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact No: \_\_\_\_\_ Fax No. \_\_\_\_\_ Email ID: \_\_\_\_\_

Type of Proposer: Individual ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others ☐Annual Income: (In Rupees): \_\_\_\_\_ Do you file income tax return? Yes ☐ No ☐ Do you own a bank account? Yes ☐ No ☐

Date of Birth: DD / MM / YYYY Country: \_\_\_\_\_ PAN Number: \_\_\_\_\_

Proposer's trade or business: \_\_\_\_\_

Particulars of Work: \_\_\_\_\_

Hypothecating Bank Name: \_\_\_\_\_

Hypothecating Bank Address: \_\_\_\_\_

**Note:** Please use additional sheet if Multiple Hypothecation details**CONTACT DETAILS**

Contact Person's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact Number (Landline-With STD Code): \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

**RISK DETAILS**

i. Period of Insurance: From: DD / MM / YYYY To Midnight: DD / MM / YYYY

**Note:** Period of Insurance to expire at the same date next year. \_\_\_\_\_

i. Sections to be covered:

Section I Electronic Equipment Insurance Yes ☐ No ☐Section II Electronic Data Processing System Yes ☐ No ☐Section III Increased Cost of Working as a result of failure of the EDP System Yes ☐ No ☐

## QUESTIONNAIRE FOR ELECTRONIC EQUIPMENT INSURANCE

i. Locations of equipment to be insured. Please furnish address of building and storey. (Please leave a space after each part of address and attach a separate sheet for multiple locations)

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

ii. Please indicate the structure of the building:

Steel skeleton ☐ Brickwork ☐ Concrete ☐ Wood ☐ Any other ☐

**Note:** If equipments at more than one location are be covered then please provide address details for each.

iii. Specifications of items to be insured

[illegible]

**Note:** For the Insurance of Electronic Data Processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed.

iv. Is there a Valid Maintenance Contract in force? Yes ☐ No ☐ If yes, whether External ☐ Internal ☐

a. In case of External Maintenance, please furnish a copy of the Valid Maintenance Contract.

b. In case of in-house maintenance agreement, please provide the following

i. No. of Staff Involved:                 

ii. Are the Staff qualified to maintain the equipment: Yes ☐ No ☐

c. If it is specifically provided for any equipment then please provide details:

\_\_\_\_\_

v. Has any of the equipment to be insured, previously been covered by other insurance companies? Yes ☐ No ☐

If yes, please provide information for the last time 3 years, in the following format:

Policy No.	Name of Insurer	Item No. of Specification	Sum Insured	Commencement of Cover (DD/MM/YYYY)	Expiry of Cover (DD/MM/YYYY)

vi. Is the installation in accordance with the manufacturer's instructions? Yes ☐ No ☐

vii. Condition of equipment

Is the equipment maintained in accordance with the manufacturer's instructions? Yes ☐ No ☐

viii. Quality of staff

Have the operators been trained with the manufacturer? Yes ☐ No ☐

ix. Is there a risk of flood and inundation? Yes ☐ No ☐ If so, please specify

By bodies of water ☐ By torrential rainfall ☐ By sewer back-flow ☐ By others ☐ By seepage/ leakage ☐

x. Are dangerous materials used in the vicinity? Yes ☐ No ☐ If so, please specify \_\_\_\_\_

Acids ☐ Prepared or sensitized papers ☐ Dyes ☐ Test Solutions ☐ Developers ☐ Explosives ☐ Isotopes ☐ Others ☐

xi. Is the air-conditioning plant

Pressurized ☐ Recommended by manufacturers ☐ Not necessary ☐

xii Do you wish to avail of Voluntary Excess- 2/ 5/ 10/ 20 times of Compulsory Excess, which will entitle you to a discount in Premium? Yes ☐ No ☐

If yes, please tick the option below

2 Times ☐    5 Times ☐    10 Times ☐    20 Times ☐

xiii. Building Construction Material: Fire resistant ☒ Other Material ☐

xiv. Fire Fighting Equipments: Yes ☐ No ☐

If yes then, Water Based ☐ Non Water Based ☐

xv. Ancillary Equipments like AC/ UPS are installed: Yes ☒ No ☐

If yes, Please Provide Description:

xvi. Are Genuine replacement parts for the equipments available in India? Yes ☐ No ☐ If No, then provide details of equipments for which it needs to be

Imported :

1. Has any insurance company -

- a) Declined to insure any of the electronic equipment now proposed? Yes ☐ No ☒
- b) Required an increased premium or imposed special conditions? Yes ☐ No ☒

If yes to any of the above, please provide details.

\_\_\_\_\_

\_\_\_\_\_

- ## 2. Any other information

\_\_\_\_\_

### MODE OF PAYMENT

Cheque/ DD	Cheque No.: _____	Demand Draft No.: _____
Drawn On.: _____		Dated: <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / YYY.YY
Saving Bank A/C No.: _____		Amount in Figures: _____
Amount in Words: _____		

**If by Credit Card:**

Credit Card No:

Expiry Date:  /  /

Card Type: ☐ Visa ☐ Mastercard

Amount in Figures:

Bank Name:

Amount in Words:

I/We, the undersigned 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.

I hereby confirm that I am aware that enrolment to this product is purely voluntary and is not linked to me availing of any other facility from the bank.

I hereby confirm that the premium towards my insurance cover will not be borne by any third party entity / person(s), with the exception of my spouse, parents, grandparents, children, siblings or employer.

Place: \_\_\_\_\_ Date: D | D / M | M / Y | Y | Y | Y \_\_\_\_\_

**STATUTORY WARNING**

## PROHIBITION OF REBATES.

(Under Section 41 of Insurance Act 1938)

1. 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.
2. 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

**ICICI Lombard General Insurance Company Limited**

**Mailing Address:** Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.

**Registered Office Address:** ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at [www.icicilombard.com](http://www.icicilombard.com) • Mail us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Toll Free No.: **1800 2666** • Chargable No.: **+91 92236 22666** • Insurance is the subject matter of solicitation.

IRDA Reg. No. 115. • Enag 01. • CIN: U67200MH2000PLC129408.

## ADDITIONAL QUESTIONNAIRE FOR THE INSURANCE OF ELECTRONIC DATA PROCESSING (EDP) SYSTEM

### i. EDP System

- a. Is the EDP system rented? Yes ☐ No ☐ If yes, please state monthly rent Rs.
- b. Date of start of operation: / /  / /  / /
- c. Operational hours per day in shifts:
- d. Name of manufacturer and/or lessor:   
Address of the manufacturer
- e. What are the provisions of your lease contract regarding your liability in case of damage to the EDP System? (Please furnish copy of the lease contract, if available)

### ii. Housing of the EDP System

- a. Where is the central unit of the EDP System housed?  
Basement ☐ Ground Floor ☐ Floor(s)
- b. Where is the peripheral unit of the EDP system housed?  
Basement ☐ Ground Floor ☐ Floor(s)
- c. Indicate the value of the plant located on  
Basement  Rs.   
Ground floor  Rs.   
Floor Number  Rs.   
Floor Number  Rs.
- d. Is the installation in accordance with the manufacturer's recommendations? Yes ☐ No ☐ If not, specify deviations from instructions:
- e. Please indicate the manner in which the EDP system has been installed.  
Vibration Absorbers ☐ Rollers ☐ Rigid Anchoring ☐ Without Anchoring ☐

### iii. Air Conditioning Plant

- a. The air-conditioning plant has been  
Prescribed ☐ Recommended by the manufacturer ☐ Used for EDP system only ☐
- b) The maintenance of the air-conditioning plant is done by  
By manufacturer ☐ By others ☐ In-house ☐  
By
- c. Loss Prevention Measures taken by you
- d. Does the air-conditioning plant shut off automatically by limit switches if the normal control facility fails? Yes ☐ No ☐ If yes, does it do so in case of excessive:  
Temperature ☐ Moisture ☐
- e. Is the air-conditioning plant also equipped with an independent signaling device in case of disturbance or failure? Yes ☐ No ☐  
i. If yes, is it  
Optical ☐ Acoustic signal ☐ in case of presence of corrosive gases ☐ Excessive Temperature ☐ Moisture ☐  
ii. Are adequate loss prevention measures initiated immediately even if the above protective devices are actuated outside operational hours? Yes ☐ No ☐

### iv. External Data Media - (Please answer the following questions only if insurance is desired for External Data Media)

- a. Please 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"

Location of the specification	Data Media
On Wooden shelves	
In Steel cabinets	
In Fire proof cabinets	
Together with EDP	

- b) Air conditioning in the Storage Room Yes ☐ No ☐ If not how is air conditioning effected?   
Risk aggravating circumstances as in the storage rooms,  
Steam and water lines ☐ Vibrations ☐ Acid atmosphere ☐

### v. Do you wish to avail of Voluntary Excess- 2/ 5/ 10/ 20 times of Compulsory Excess, which will entitle you to a discount in premium? Yes ☐ No ☐

If yes, please tick the option below

2 Times ☐ 5 Times ☐ 10 Times ☐ 20 Times ☐

### vi. Do you wish to exclude Fire & Allied Perils as per the Standard Fire & Special Perils Insurance Policy? Yes ☐ No ☐

If yes, are the equipment(s) proposed for insurance covered under -

Fire policy with all extensions ☐ Fire policy without any extensions ☐ Fire policy with some extensions ☐

### vii. Any other information

I/We, the undersigned 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.

I hereby confirm that I am aware that enrolment to this product is purely voluntary and is not linked to me availing of any other facility from the bank.

I hereby confirm that the premium towards my insurance cover will not be borne by any third party entity / person(s), with the exception of my spouse, parents, grandparents, children, siblings or employer.

Name:   
Place:

Designation:   
Date:  /  /

Proposer's Signature and Stamp

#### STATUTORY WARNING

##### PROHIBITION OF REBATES.

(Under Section 41 of Insurance Act 1938)

1. 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.
2. 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

#### PAYMENT INFORMATION

##### MODE OF PAYMENT

☐ Cheque/ DD Cheque No.:  Demand Draft No.:   
Drawn On:  Dated:  /  /   
Saving Bank A/C No.:  Amount in Figures:   
Amount in Words:

##### If by Credit Card:

Credit Card No.:  Expiry Date:  /  /   
Card Type: ☐ Visa ☐ Mastercard Amount in Figures:   
Bank Name:   
Amount in Words:

#### ADDITIONAL QUESTIONNAIRE FOR THE INSURANCE OF INCREASED COST OF WORKING AS A RESULT OF FAILURE OF THE EDP SYSTEM

- i. EDP System to be insured
  - a. Please indicate operational hours on an average per day per month.  
per day  per month
  - b. Is it possible in the event of failure to utilize other EDP system so as to avoid using an outside system? Yes ☐ No ☐
  - c. Are there any special agreements regarding continued payment of rent and other costs if the EDP system fails? Yes ☐ No ☐  
If yes, please specify
- ii. Outside EDP System ☐
  - a. Is there an outside EDP system available for use? Yes ☐ No ☐ If yes, is it on Ownership basis ☐ Lease basis ☐  
Name of Owner / Lessor:   
Address of Owner / Lessor:   
City/Town:  State:  Pin Code:
  - b. Is the use of the outside EDP system subject to any special conditions? Yes ☐ No ☐ (Waiting periods, conversion measures etc.)  
If yes, please specify
  - c. Has the system already been used? Yes ☐ No ☐ If yes, how often?  
Maximum Duration  In Weeks  Maximum cost incurred Rs.
  - d. Please specify causes:
- iii. Sum to be insured
  - a. Hourly rent of substitute equipment Rs.
  - b. Indemnity period per occurrence (in weeks)   
12 weeks ☐ 26 weeks ☐ 40 weeks ☐ 52 weeks ☐
  - c. Limit per occurrence (a \* b) Rs.
  - d. Aggregate indemnity limit during the period of insurance Rs.
  - e. Personnel expenses Rs.
  - f. Transportation of Materials Rs.
- iv. Conditions desired
  - a. Period of indemnity per occurrence (minimum):  weeks
  - b. Time Excess:  
4 days ☐ 7 days ☐ 14 days ☐ 28 days ☐  
(96 hrs) ☐ (168 hrs) ☐ (336 hrs) ☐ (672 hrs) ☐

# NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

## CORPORATE DETAILS

Group/ Network Name:   
Address:   
City:  Landmark:   
Pincode:  Pan Card No.:\*\*  State:   
PAN Card Holder's Name:

## ACCOUNT DETAILS

Bank Name:   
Branch Name:   
Payee Name:   
MIRC No.:  IFSC Code:   
Account Type:  Full Account No.:   
Name as per Bank Records:   
Cancel cheque No. \*\*:

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By  
(Bank Official Stamp and Authorized Signature)

### Terms and Conditions for Payments through RTGS/NEFT

- The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
- The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website [www.icicilombard.com](http://www.icicilombard.com) or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/ We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance
- Company Ltd. before the expiry of the notice period of the Customer.
- (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and Stamp of Customer



### ICICI Lombard General Insurance Company Limited

**Mailing Address:** Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.  
**Registered Office Address:** ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at [www.icicilombard.com](http://www.icicilombard.com) • Mail us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666 • Insurance is the subject matter of solicitation.

IRDA Reg. No. 115. • CIN: U67200MH2000PLC129408.