

PROPOSAL FORM

ELECTRONIC EQUIPMENT INSURANCE POLICY

(The property proposed for insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty Videocon General Insurance Company's Standard Policy Wordings)

COMPANY OFFICE DETAILS (To be filled by insurer)

1. Office Code:
2. Office Address:
- City District
- State Pin Code

INTERMEDIARY DETAILS

1. Agent/ Broker Name:
2. Agent/ Broker License Code:
3. Agent/ Broker Contact Number:

PROPOSER DETAILS

1. Name of Proposer:
2. Address of Proposer:
- Road Area
- City District
- State Pin Code
3. Business of Proposer
4. Location of risk to be covered :
- Road Area
- City District
- State Pin Code
5. Period of Insurance (DD/MM/YYYY) From To
6. Nearest Railway Station and Distance
-

ELECTRONIC EQUIPMENT DETAILS

1. Has any of the equipment to be insured previously been covered by other insurance companies?
☐ Yes ☐ No
- If so, which items of the specification and by which companies?
2. State when the Insurance is to commence? From To

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

3. 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)
4. Condition of equipment?
- Is the equipment maintained in accordance with the manufacturer's instructions? ☐ Yes ☐ No
5. Quality of staff –
- Have operators been trained with manufacturer? ☐ Yes ☐ No
6. Is there a risk of flood and inundation? ☐ Yes ☐ No
- If so, specify ☐ By Bodies of Water ☐ By torrential rainfall
- ☐ By Sewer Backflow ☐ By Others
7. Any dangerous materials used in the vicinity? ☐ Yes ☐ No
- If so, specify ☐ Acids ☐ Prepared or Sensitized Papers ☐ Acids ☐ Test Solutions
- ☐ Developers ☐ Developers ☐ Explosives ☐ Others
8. Valid Maintenance Contract in force? ☐ Yes ☐ No
- If yes, Copy to be enclosed
9. Air Conditioning Plant ☐ Pressurized ☐ Recommended by Manufacturers ☐ Not Necessary

ELECTRONIC DATA PROCESSING (EDP)

10. EDP system –
- If the system is rented state monthly rent (Rs.)
- Date of start of operation
- Operational hours per day in shifts
- Name and address of manufacturer and/or lessor
- 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.
11. Housing of the EDP System
- a. Central Unit ☐ Developers ☐ Basement ☐ Ground Floor
- b. Peripheral Unit ☐ Basement ☐ Ground Floor ☐ Floor
- c. Total value of plant located - In Basement (Rs.)
- On Ground Floor (Rs.)
- On Floor (Rs.)
- d. Is Installation in accordance with the manufacturer's recommendations ☐ Yes ☐ No
- If not, specify deviations from instructions

e. Manner in which the EDP system has been installed ☐ On Vibration Absorbers

☐ On Rollers ☐ By Rigid Anchoring ☐ Without Anchoring

12. Air-conditioning Plant – ☐ Prescribed ☐ Recommended by the Manufacturer
☐ Used by EDP System only

13. Maintenance - ☐ by the manufacturer & by

14. Loss Prevention –

a. 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

b. Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure? ☐ Yes ☐ No

If Yes, ☐ Optical ☐ Acoustic Signal ☐ In the case of Presence of Corrosive Gases
☐ Excessive Temp ☐ Moisture

c. Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours. ☐ Yes ☐ No

15. 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?

c. Risk aggravating circumstances as in the storage rooms -
☐ Steam & Water Lines ☐ Vibrations ☐ Acid Atmosphere

16. Conditions (Excess) desired – ☐ 2 times ☐ 2 times ☐ 10 times ☐ 20 times

17. Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy ☐ Yes ☐ No

INCREASED COST OF WORKING

18. 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 so, please specify

19. 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 so, please specify

- c. Has the system already been used? ☐ Yes ☐ No

If so, how often? Max. duration

Max. cost incurred

- d. Causes

20. Sums to be insured –

- a. Rent of substitute Equipments Rs. per hour

- b. Indemnity period per occurrence Weeks

- c. Limit per occurrence (a x b)

Rs.

- d. Aggregate indemnity limit during the period of insurance

Rs.

- e. Personnel Expenses

Rs.

- f. Transportation of material

Rs.

21. Conditions desired –

- a. Period of indemnity per occurrence (minimum) weeks

- b. Time Excess ☐ 4 days (96 hours) ☐ 7 days (168 hours)

- ☐ 14 days (336 hours) ☐ 28 Days (672 hours)

PAYMENT DETAILS

1. PAN card number (10 character number):

2. Sources of funds: Please tick appropriate box

- ☐ Salary ☐ Business ☐ Investments ☐ Others (Please Specify)

Declaration:

- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- I understand that the Company has the right to call for documents to establish sources of funds.
- The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and Annexure if any are true to the best of my / our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/ us and the “Liberty Videocon General Insurance Company Limited’

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date:

Place:

Signature of Proposer:

Recommendations of Officer/ Agent / Broker:

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall 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.