

**PROPOSAL FORM45**

**ELECTRONIC EQUIPMENT INSURANCE (EEI)**

1. Name and address of proposer				
Type of business				
Location of equipment to be insured ( <i>address of building/ storey</i> )				
Structure of building	Steel skeleton <input type="checkbox"/>	Brickwork <input type="checkbox"/>	Concrete <input type="checkbox"/>	Wood <input type="checkbox"/>
2. Has any of the equipment to be insured previously been covered by other insurance companies?	<input type="text"/>	Yes	<input type="text"/>	No
If so, which items of the specification and by which companies?				
a) State when the Insurance is to commence?	Date _____			
<b>Note</b> -Period of Insurance to expire at the same date next year.				
3. Is all the equipment to be insured new?	<input type="text"/>	Yes	<input type="text"/>	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?	<input type="text"/>	Yes	<input type="text"/>	No
5. Quality of staff -				
Have operators been trained with manufacturer?	<input type="text"/>	Yes	<input type="text"/>	No

6. Is there a risk of flood and inundation?	<input type="text"/>	Yes	<input type="text"/>	No
If so, specify	By bodies of water <input type="checkbox"/>	By torrential rainfall <input type="checkbox"/>	By sewer backflow <input type="checkbox"/>	Or by others <input type="checkbox"/>
7. Are dangerous materials used in the vicinity?	<input type="text"/>	Yes	<input type="text"/>	No
If so, specify	Acids <input type="checkbox"/>	Prepared or sensitized papers <input type="checkbox"/>	Dyes <input type="checkbox"/>	Test solutions <input type="checkbox"/>
	Developers <input type="checkbox"/>	Explosives <input type="checkbox"/>	Isotopes <input type="checkbox"/>	Others <input type="checkbox"/>
8. Valid Maintenance Contract in force?	<input type="text"/>	Yes	<input type="text"/>	No
If yes, Copy to be enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Air conditioning Plant	Pressurized <input type="checkbox"/>	Recommended by manufacturers <input type="checkbox"/>	not necessary <input type="checkbox"/>	

#### Payment Details

Please fill in your payment details for either Cheque / Credit Card Option

Cheque please pay by crossed cheque (account payee only) in the name of **"SBI General Insurance Company Ltd."**

Cheque No \_\_\_\_\_ Bank Name \_\_\_\_\_

Branch \_\_\_\_\_ City \_\_\_\_\_

Dated \_\_\_\_\_ For Rs. \_\_\_\_\_

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal are to the best of my/our knowledge and belief, complete and true, and I/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.

Executed at \_\_\_\_\_ this day of \_\_\_\_\_ 20 \_\_\_\_\_

**Signature**

## ELECTRONIC DATA PROCESSING (EDP)

### Additional questionnaire for the Insurance of Electronic Data Processing (EDP systems)

<p>1. Name and address of Proposer</p> <p>Type of business</p> <p>2. EDP System -</p> <p>a) If the system is rented state monthly rent</p> <p>b) Date of start of operation</p> <p>c) Operational hours per day in shifts</p> <p>d) Name and address of manufacturer and/or lessor.</p> <p>e) What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system?</p> <p>Please furnish copy of lease contract if available.</p> <p>3. Housing of the EDP System -</p> <p>a) Central Unit -</p> <p>b) Peripheral Unit -</p> <p>c) Total value of plant located -</p> <p>d) Is Installation in accordance with the manufacturer's recommendations</p>	<p>_____</p> <p>Rs. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <table border="1"> <tr> <td><input type="checkbox"/> Basement</td> <td><input type="checkbox"/> Ground Floor</td> <td><input type="checkbox"/> Floor</td> </tr> <tr> <td><input type="checkbox"/> Basement</td> <td><input type="checkbox"/> Ground Floor</td> <td><input type="checkbox"/> Floor</td> </tr> <tr> <td>In basement Rs. _____</td> <td>On ground floor Rs. _____</td> <td>On floor Rs. _____      On floor Rs. _____</td> </tr> </table> <p> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p> <p>If not, specify deviations from instructions</p>	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor	In basement Rs. _____	On ground floor Rs. _____	On floor Rs. _____      On floor Rs. _____
<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor								
<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor								
In basement Rs. _____	On ground floor Rs. _____	On floor Rs. _____      On floor Rs. _____								

<p>e) Manner in which the EDP system has been installed</p>	<div style="text-align: center;"><input type="checkbox"/></div> <p>On vibration absorbers</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>By rigid anchoring</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>Prescribed</p>	<div style="text-align: center;"><input type="checkbox"/></div> <p>On rollers</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>Without anchoring</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>Recommended by the manufacturer</p>
<p>4. Air-conditioning Plant -</p>	<div style="text-align: center;"><input type="checkbox"/></div> <p style="text-align: center;">Used for EDP system only</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>by the manufacturer</p>	<div style="text-align: center;"><input type="checkbox"/></div> <p>by _____</p>
<p>a) Maintenance -</p>		
<p>b) Loss prevention -</p>		
<p>c) Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?</p>	<div style="text-align: center;"><input type="checkbox"/></div> <p>Yes, in the case of excessive -</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>Temperature</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>Moisture</p>	<p>No <input style="width: 50px;" type="text"/></p>
<p>d) Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?</p>	<div style="text-align: center;"><input type="checkbox"/></div> <p>Yes</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>Optical</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>Acoustic signal</p> <p>Presence of corrosive gases</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>Excessive temp.</p> <div style="text-align: center;"><input type="checkbox"/></div> <p>Moisture</p>	<p>No <input style="width: 50px;" type="text"/></p>
<p>Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.</p>	<p>Yes <input style="width: 50px;" type="text"/></p>	<p>No <input style="width: 50px;" type="text"/></p>
<p>5. External Data Media –</p> <p><b>Note</b> - Please answer the following questions only, if insurance is desired.</p>	<p>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'</p>	
<p>a) Storage -</p>	<p>On wooden shelves <input type="checkbox"/></p>	<p>In steel cabinets <input type="checkbox"/></p>
<p>b) Air-conditioning</p>	<p>In fire-proof cabinets <input type="checkbox"/></p>	<p>Together with EDP system <input type="checkbox"/></p>
	<p>if not, how is air conditioning effected?</p>	

Risk aggravating circumstances as in the storage rooms -	steam & water lines <input type="checkbox"/>	vibrations <input type="checkbox"/>	acid atmosphere <input type="checkbox"/>
6. Conditions (Excess) desired	<input type="checkbox"/> 2 times <input type="checkbox"/> 5 times	<input type="checkbox"/> 10 times <input type="checkbox"/> 20 times	
7. A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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**Cheque No** \_\_\_\_\_ **Bank Name** \_\_\_\_\_

**Branch** \_\_\_\_\_ **City** \_\_\_\_\_

**Dated** \_\_\_\_\_ **For Rs.** \_\_\_\_\_

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Executed at \_\_\_\_\_ this day of \_\_\_\_\_ 20 \_\_\_\_

**Signature**

## INCREASED COST OF WORKING –

### Additional Questionnaire for the Insurance of Increased Cost of Working as a result of failure of EDP systems

1. Name and address of Proposer		
Type of business		
2. EDP system to be insured -		
a) Operational hours on average	<input type="text"/> per day	<input type="text"/> per month
b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?	<input type="text"/> Yes	<input type="text"/> No
c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?	<input type="text"/> Yes	<input type="text"/> No
If so, please specify.		
3. Outside EDP system available for use -		
a) Name and address of -	<input type="text"/> owner	<input type="text"/> to see
b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)?	<input type="text"/> Yes	<input type="text"/> No
If so, please specify		
c) Has the system already been used?	<input type="text"/> Yes	<input type="text"/> No
If so, how often?		

d) Causes				
Max. duration _____				
Max. cost incurred _____				
4. 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. _____			
5. Conditions desired -				
a) Period of indemnity per occurrence (minimum)	_____ Weeks			
b) Time Excess	<div>4 days (96 hrs)</div>	<div>7 days (168 hrs)</div>	<div>14 days (336 hrs)</div>	<div>28 days (672 hrs)</div>

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Cheque No \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

Dated \_\_\_\_\_

For Rs. \_\_\_\_\_



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Executed at \_\_\_\_\_ this day of \_\_\_\_\_ 20 \_\_\_\_\_

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**Signature**



## KYC DETAILS

PAN:           Form 16:         Aadhaar Card No.:

## AML GUIDELINES

I/We hereby confirm that all premiums have been/ will be paid from bona fide 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 source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian ☐ Non-Indian ☐ Non-Indian (please specify the Country) \_\_\_\_\_

Type of Organisation:

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust ☐ Partnership

☐ International Organisation ☐ Cooperative ☐ Section 8 Companies

\_\_\_\_\_

Signature of the Insured

## PART III - DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me/us in this Proposal Form 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 SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date:

Place:

\_\_\_\_\_  
Signature of the Proposer

## AGENT's DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No. \_\_\_\_\_

Date:

Place:

Signature of the Agent: \_\_\_\_\_

## ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want my insurance product related information in: ☐ Physical Format ☐ e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

☐ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd. ☐ Karvy Insurance Repository Ltd. ☐ CAMS Repository Services Ltd.

☐ I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is  (If available).

## DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_ adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/we have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/we have stated herein above is true and correct to the best of my/our knowledge and belief.

Date:

Place:

Signature of the Witness

Signature/Thumb impression of the Proposer

## SECTION 41 OF INSURANCE ACT, 1938:

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 or 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 Rupees Ten Lakhs.