

**PROPOSAL FORM
PORTABLE ELECTRONIC EQUIPMENT INSURANCE**

INSTRUCTIONS

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
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 the same.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure of any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf.
4. Kindly contact us or Agents for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.
6. **The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.**

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

Put a (✓) mark wherever applicable

I. PROPOSER'S DETAILS

1. Name of the Proposer											
2. Address of the Proposer Communication Address (Please tick) () Registered Address () Business Address	Registered Address										
	Plot No.	No/Door		Building							
	Road										
	Area										
	City							Pincode			
	State										
	Phone No.		S	T	D	-	0	0	0	0	0
	E-mail Id										
	Business Address. () please tick here if it is same as registered address										
	Plot No.	No/Door		Building							
	Road										
	Area										
	City							Pincode			
	State										
Phone No.		S	T	D	-	0	0	0	0	0	
E-mail Id											
3. Proposer's Trade or Business											

II. RISK DETAILS:

4. Type of Portable Property(ies) to be Insured	<input type="checkbox"/> Computer Equipment like Laptops, Ipad <input type="checkbox"/> Communication Equipment like mobile phone <input type="checkbox"/> Telecom & Telegraphy Equipment <input type="checkbox"/> Laboratory equipments <input type="checkbox"/> Testing Equipments <input type="checkbox"/> Audio/ Visual equipments <input type="checkbox"/> Medical Equipments <input type="checkbox"/> Photography Equipment like Camera <input type="checkbox"/> Photography processing equipments <input type="checkbox"/> Radio TV Broadcasting Equipment <input type="checkbox"/> Other (Please specify / attach an extra sheet for providing the full details, if required) :			
5. Financial institutions who have an interest in the Items/equipments proposed for insurance				
6. Description of Property(ies) to be insured. (Please attach separate sheet, if required)				
Sr. No.	Description of property	Make, Model, Year of make	Property Identification No.	Sum Insured INR
Total Sum Insured				
7. What is the basis of valuation of Electronic Equipment Cover?			<input checked="" type="checkbox"/> New Replacement Value	
8. Whether Property to be insured is owned by you?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are all the Properties to be insured new? if not,				<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. If not, which property(ies) of the specification are second hand?				
10. Is the equipment maintained in accordance with the manufacturer's instructions?				<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have valid Maintenance Contract in force? If yes, Please enclose copy.				<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does any of the proposed equipment contain refurbished machines?				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Whether equipments are predominantly kept in the office/premises or frequently taken from one place to another?	<input type="checkbox"/> Kept in office/Premises <input type="checkbox"/> frequently taken from one place to another				
14. Please Specify a. mode of transport of the equipment..... b. Transport Carrier.....	<input type="checkbox"/> Rail <input type="checkbox"/> Road <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Public Transport <input type="checkbox"/> Private Transport				
c. COVER DETAILS:					
15. Period of Insurance	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">dd/mm/yyyy</td> <td style="text-align: center;">dd/mm/yyyy</td> </tr> </table>	From	To	dd/mm/yyyy	dd/mm/yyyy
From	To				
dd/mm/yyyy	dd/mm/yyyy				
16. Coverage Territory Required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide				
17. Whether cover for machinery/electrical break down is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
18. Whether cover for theft is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
19. Extensions Required (Please tick yes if you wish to have the following add on covers. Please note, these covers are available subject to additional premium payment by you)					
Add on Cover	Required?	Add on Cover Sum Insured (INR)			
1 Escalation	<input type="checkbox"/> Yes <input type="checkbox"/> No				
2 Third Party Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3 Additional Custom Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No				
4 Express Freight	<input type="checkbox"/> Yes <input type="checkbox"/> No				
5 Air Freight	<input type="checkbox"/> Yes <input type="checkbox"/> No				
6 Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No				
d. PRIOR INSURANCE AND CLAIM DETAILS:					
20. Please provide Premium and claim history for the last five years					
Year	Claim Total Amount paid / Outstanding (INR)	Premium Paid (INR)			
21. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? If yes please provide the details	<input type="checkbox"/> Yes <input type="checkbox"/> No				
22. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
23. Has any insurer ever terminated your cover? If yes please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Has any of the Properties to be insured previously been covered by other insurance companies?? If yes, please provide the following details.	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/Y Y)	Property Specification	Sum Insured (INR)	Premium (INR)	Deductible (INR)
	dd/mm/yy	dd/mm/yy				
<p>I/We desire to effect an insurance in terms of the Portable Electronic Equipments Insurance Policy of the Company against the sum insured mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.</p> <p>I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.</p> <p>I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.</p> <p>Place: _____ Date: DD-MM-YYYY</p> <p style="text-align: right;"> _____ Proposer's Signature with company stamp Name of Proposer Designation of proposer </p>						

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 or 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 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.

INSURANCE IS SUBJECT MATTER OF SOLICITATION