

PROPOSAL FORM

ELECTRONIC EQUIPMENT INSURANCE (EEI)



SURAKSHA AUR BHAROSA DONO

PROPOSER'S DETAILS (*mandatory fields)

- Name of the Proposer :
- Address of the Proposer :
 Plot No/Door No.:
 and building name :
 Road name : Area :
 City : Pin code : State :
 Phone No.: E-mail Id :
 3. PAN*: / Form 60/61 (if Available): ☐ Aadhaar Card No.:
- Type of business :
- Location of equipment to be insured (address of building/ storey) :
 Plot No/Door No.:
 and building name :
 Road name : Area :
 City : Pin code : State :
 Phone No.: E-mail Id :
- Structure of building : ☐ Steel skeleton ☐ Brickwork ☐ Concrete ☐ Wood
- Are You or any of the proposed applicants are Politically Exposed Person? Yes ☐ No ☐

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

8.	Has any of the equipment to be insured previously been covered by other insurance companies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If so, which items of the specification and by which companies?	
	a) State when the Insurance is to commence?	Date: <input type="text"/>
	Note - Period of Insurance to expire at the same date next year.	
9.	Is all the equipment to be insured new?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If not, which items of the specification are second hand?	
	What equipment can still be obtained ex works?	
	(State items of the specification)	
10.	Condition of equipment - Is the equipment maintained in accordance with the manufacturer's instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Quality of staff - Have operators been trained with manufacturer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Is there a risk of flood and inundation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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"/>
13.	Are dangerous materials used in the vicinity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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"/>
14.	Valid Maintenance Contract in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, Copy to be enclosed	
15.	Air conditioning Plant	Pressurized <input type="checkbox"/> Not necessary <input type="checkbox"/> Recommended by manufacturers <input type="checkbox"/>

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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 _____

Proposer's Signature

SBIGI does not accept Cash for Premium Payments against the Policy.

ELECTRONIC EQUIPMENT INSURANCE (EEI)

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

PROPOSER'S DETAILS (*mandatory fields)

1. Name of the Proposer :

2. Address of the Proposer :

Plot No/Door No.:

and building name :

Road name :

Area :

City :

Pin code :

State :

Phone No.:

E-mail Id :

3. PAN*: / Form 60/61 (if Available): Aadhaar Card No.:

4. Type of business :

5. Are You or any of the proposed applicants are Politically Exposed Person? Yes ☐ No ☐

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6.	EDP System	
	a) If the system is rented state monthly rent	
	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.	
7.	Housing of the EDP System	
	a) Central Unit	Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> Floor <input type="checkbox"/>
	b) Peripheral Unit	Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> Floor <input type="checkbox"/>
	c) Total value of plant located	In basement ₹ _____ On ground floor ₹ _____ On floor ₹ _____ On floor ₹ _____
	d) Is Installation in accordance with the manufacturer's recommendations If not, specify deviations from instructions	Yes <input type="checkbox"/> No <input type="checkbox"/>
	e) Manner in which the EDP system has been installed	On vibration absorbers <input type="checkbox"/> On rollers <input type="checkbox"/> By rigid anchoring <input type="checkbox"/> Without anchoring <input type="checkbox"/>

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8.	Air-conditioning Plant	Prescribed <input type="checkbox"/> Used for EDP system only <input type="checkbox"/> Recommend by the manufacturer <input type="checkbox"/>
	a) Maintenance - b) Loss prevention - c) Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails? d) Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure? Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	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 <input type="checkbox"/> In steel cabinets <input type="checkbox"/> In fire-proof cabinets <input type="checkbox"/> Together with EDP system <input type="checkbox"/>
	b) Air-conditioning	
	if not, how is air conditioning effected?	
	Risk aggravating circumstances as in the storage rooms -	Steam & water lines <input type="checkbox"/> Vibrations <input type="checkbox"/> Acid atmosphere <input type="checkbox"/>
10.	Conditions (Excess) desired	2 times <input type="checkbox"/> 5 times <input type="checkbox"/> 10 times <input type="checkbox"/> 20 times <input type="checkbox"/>
11.	Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>

PAYMENT DETAILS

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Cheque No. :	<input type="text"/>	Bank Name :	<input type="text"/>
Branch:	<input type="text"/>	City :	<input type="text"/>
Dated:	<input type="text"/>	For Rs.	<input type="text"/>

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 _____

Proposer's Signature

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INCREASED COST OF WORKING

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

PROPOSER'S DETAILS (*mandatory fields)

1. Name of the Proposer :

2. Address of the Proposer :
 Plot No/Door No.:
 and building name :
 Road name : Area :
 City : Pin code : State :
 Phone No.: E-mail Id :
 3. PAN*: / Form 60/61 (if Available): ☐ Aadhaar Card No.:
 4. Type of business :
 5. Are You or any of the proposed applicants are Politically Exposed Person? Yes ☐ No ☐

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6.	EDP system to be insured	
	a) Operational hours on average	<input type="checkbox"/> per day <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
	c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? If so, please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Outside EDP system available for use	
	a) Name and address of -	Owner <input type="checkbox"/> Lessee <input type="checkbox"/>
	b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? If so, please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Has the system already been used? If so, how often?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d) Causes	Max. duration <input type="text"/> Max. cost incurred <input type="text"/>
8.	Sums to be insured -	
	a) Rent of substitute Equipments	₹ _____ On floor
	b) Indemnity period per occurrence	_____ Weeks
	c) Limit per occurrence (a x b)	₹ _____
	d) Aggregate indemnity limit during the period of insurance	₹ _____
	e) Personnel Expenses	₹ _____
	f) Transportation of material	₹ _____
9.	Conditions desired -	
	a) Period of indemnity per occurrence (minimum)	_____ Weeks
	b) Time Excess	4 days (96 hrs) <input type="checkbox"/> 7 days (168 hrs) <input type="checkbox"/> 14 days (336 hrs) <input type="checkbox"/> 28 days (672 hrs) <input type="checkbox"/>

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Dated:

For Rs.

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Executed at _____ this day of _____ 20 _____

Proposer's Signature

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AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

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/ies has/have 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-resident Indian(NRI) ☐ Others

If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

Type of Organisation (Only applicable if policy issued on Group Basis):

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. ☐ Yes ☐ No. Customer can submit CKYC form for updation.

Recent photograph of proposer:
(Photograph is required if customer does not have CKYC ID)

Signature of Proposer

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 Proposer

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AGENT 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:

D	D	M	M	Y	Y	Y	Y
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Signature of the Agent

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Electronic Equipment Insurance (EEI) and related information in: Physical Format ☐ e-Format (electronic) ☐

[illegible]

I would like to apply for eIA with:

NSDL Data Management ☐ CSDL Insurance Repository Ltd ☐ Karvy Insurance Repository Ltd ☐ CAMS Repository Services Ltd ☐

CKYC No (Central Know Your Customer Registry Number), (if available):

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

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) _____ (Relation with the Proposer/Primary insured)

_____ (relation with the Proposer/ Primary Insured), _____
 _____ adult and inhabitant of (city) and residing at _____ do hereby certify that I 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 knowledge and belief.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place: _____

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.

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AML Declaration as per AML Master Guideline 2022:

1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

- Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - "Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company**;
 - "Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **Ten percent of capital or profits of the partnership**.
- Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals**.
- Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

Signature of Policyholder:

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