



UNITED INDIA INSURANCE COMPANY LIMITED

PROPOSAL FOR ELECTRONIC EQUIPMENT INSURANCE POLICY

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	Brickwork	Concrete	Wood
2. 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?	_____			
a) State when the Insurance is to commence?	Date _____		_____	
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 hands?	_____			
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	Or by others
7. Are dangerous materials used in the vicinity?	Yes		No	
If so, specify	Acids	Prepared or sensitized papers	Dyes	Test solutions
	Developers	Explosives	Isotopes	Others
8. Valid Maintenance Contract in force?	Yes		No	
If yes, Copy to be enclosed				
9. Air conditioning Plant	Prescribed	Recommended by manufacturers	not necessary	

We hereby declare that the statements made by us in this Proposal IS to the best of our knowledge and belief, complete and true, and we hereby agree that this 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)

UNITED INDIA INSURANCE COMPANY LIMITED

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

1. Name and address of Proposer	_____
Type of business	
2. EDP System -	
a) If the system is rented state monthly rent	Rs. _____
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.

3. Housing of the EDP System -

a) Central Unit -

Basement	Ground Floor	Floor
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b) Peripheral Unit -

Basement	Ground Floor	Floor
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c) Total value of plant located -

In basement Rs. _____	On ground floor _____	Rs. _____	On floor Rs. _____	On floor Rs. _____
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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

4. Air-conditioning Plant -

Prescribed

Recommend by the manufacturer

Used for EDP system only

a) Maintenance -

by the manufacturer

by _____

b) Loss prevention -

c) Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?

Yes, in the case of excessive -

Temperature

No

Moisture

<p>d) Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?</p> <p>Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.</p>	<p>Yes</p> <p>Optical</p> <p>Acoustic signal</p> <p>Presence of corrosive gases</p> <p>Excessive temp.</p> <p>Moisture</p> <p>Yes</p>	<p>No</p> <p>No</p>
<p>5. External Data Media –</p> <p>Note - Please answer the following questions only, if insurance is desired.</p> <p>a) Storage -</p> <p>b) Air-conditioning</p> <p>Risk aggravating circumstances as in the storage rooms -</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>On wooden shelves In steel cabinets In fire-proof cabinets Together with EDP system</p> <p>if not, how is air conditioning effected?</p> <p>steam & water lines vibrations acid atmosphere</p>	
<p>6. What deductible do you wish to opt</p>		
<p>7. A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.</p>	<p>Yes</p>	<p>No</p>

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Executed at _____ this day of _____ 20 ____

Signature

**INCREASED COST OF WORKING –
UNITED INDIA INSURANCE COMPANY LIMITED**

**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	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.	_____	
3. 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?	_____			
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	4 days (96 hrs)	7 days (168 hrs)	14 days (336 hrs)	28 days (672 hrs)

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Executed at _____ this day of 20 _____

Signature