

AGENT / BROKER / BRANCH

PROPOSAL FOR ELECTRONIC EQUIPMENT INSURANCE

Name	
Code No.	

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

GENERAL INFORMATION

1. Full name of Proposer(s) including Trading Name (if any)						
2. Postal Address						
3. Telephone/Fax Nos/E-mail	Home Telephone		Office Telephone		Mobile	
	E-mail				Fax	
4. Location of property to be insured if different from postal address						
5. Full description of business, trade Or occupation						
6. Name & Address of other interests if any. eg. Bank or Mortgagee						

7. Policy to commence on

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Policy to be renewed on

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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8. How long have you been in business? Years

9. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are/have been engaged:

(a) has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms? Yes No

If "Yes" give details.

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(b) have any accidents, losses or claims arisen in respect of any of the insurances proposed, whether previously insured or not?

Yes No

If "Yes" give details.

Date of Occurrence	Details of Loss	Amount involved
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10. Condition of equipment : Is the equipment maintained in accordance with the manufacturers' instructions? Yes No

11. Quality of Staff : Have operators been trained with the manufacturer? Yes No

12. Is all equipment to be insured of standard manufacture and design and not built or modified for your particular requirements? If "No" give details. Yes No

13. Are protective devices installed to prevent damage by voltage/power surges? Yes No

14. On which floor is equipment installed?

15. Give below details of any work other than computer operations carried on in the computer room or in the immediate vicinity of the equipment.

16. Is the computer room air-conditioned? Yes No

17. (a) Is the building in which the computer is kept built of brick stone or concrete and roofed with slate tile concrete or asbestos? If "No" give details. Yes No

(b) Is the building under your sole occupation? If "No" give details. Yes No

18. Are the computer room and adjoining processing areas protected by :

(a) automatic smoke and heat detectors? Yes No

(b) an automatic or manual CO₂, BTM or BCF flooding installation? Yes No

If "Yes" give details

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19. Insurance cover under this Policy will be conditional upon there being in force a Maintenance Service Contract with the Manufacturers or their representatives. Please confirm that you do have such a maintenance service contract. Yes No

20. Do you require cover against Riot & Strike Risks? Yes No
21. Do you require cover against Terrorism Risk upto a sum of Rs. 10 Million? Yes No

22. **SUMS INSURED**

PLEASE COMPLETE THE FOLLOWING DETAILS. CONTINUE ON A SEPARATE SHEET IF NECESSARY.

NOTE

1. ALL ITEMS SHOULD BE INSURED FOR THEIR BRAND NEW REINSTATEMENT/REPLACEMENT VALUES.
2. ANY SINGLE ITEM OF EQUIPMENT, IF IT COSTS MORE THAN RS.250,000/- SHOULD BE MENTIONED INDIVIDUALLY AND ITS VALUE FURNISHED SEPARATELY.
3. IF ANY OF YOUR PROPERTY IS UNDERINSURED, YOU WILL ONLY RECEIVE A PROPORTIONATE AMOUNT OF THE CLAIM.
4. YOU WILL BE REQUIRED TO BEAR AN EXCESS OF 5% OF EACH AND EVERY CLAIM SUBJECT TO A MINIMUM OF RS. 5,000/-
5. **IF INDIVIDUAL ITEMS ARE TO BE INSURED THE YEAR OF MAKE MUST BE SPECIFIED.**

PROPERTY TO BE INSURED

SUM INSURED

YEAR OF MAKE

(a)	Computers, Peripherals, Storage Devices and other allied equipment including printers & electrical installation.	Rs.	
(b)	Radios, Televisions, Videos, Photocopiers, Facsimile Machines and other electronic Equipment	Rs.	
<u>ANY OTHER PROPERTY (GIVE FULL DESCRIPTION)</u>			
(c)		Rs.	
(d)		Rs.	
TOTAL		RS.	

Very Important

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

DECLARATION

I/We declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day	Month	Year

Signature :

FOR OFFICE USE

Rated By		Processed By	
Rate Approved By		Authorised By	Credit Approved By
			Authorised Date