

ZK - 24-25/v2

## Electronic Equipment Insurance Proposal Form

EEI

### GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with \* are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

### FOR OFFICE USE ONLY

Quote No.*	Quote Date*	Branch Code	Sales Manager Code	Intermediary Code	Intermediary Service RM	Intermediary Branch code	Intermediary business vertical	Intermediary Client Ref. No.	SP Name/Code

### PROPOSER / OWNER'S DETAILS

Proposer's Name\*

Proposer's Trade or Business\*

#### Registered Office Address / Permanent Address\*

Address (Line 1)

Address (Line 2)  Nearest Landmark

City / District  State  Pin Code  Country

Is the Communication Address same as the Registered Office Address / Permanent Address?\*  Yes  No If 'No', please provide below

#### Communication (Postal) Address\*

Address (Line 1)

Address (Line 2)  Nearest Landmark

City / District  State  Pin Code  Country

Contact No.  Email ID  GSTIN

#### For Individual customers, please share below details:

PAN\*:  / Form 60 (only in case the customer does not have PAN No.)  Yes  No

GSTIN:

Occupation  Business  Salaried  Professionals  Student  Housewife  Retired  Others

Nationality\*  Indian  Non-Indian  NRI

Annual Income  Upto 2.5 lacs  2.5 - 6 lacs  6 - 10 lacs  10 - 15 lacs  15 - 20 lacs  20 - 25 lacs  > 25 lacs

CKYC Identifier / Number (Generated by CERSAI)

#### Please share the following for authentication purpose:

##### Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]

PAN  Aadhaar  Passport  Driving Licence  Voter ID Card  Others (Please specify): \_\_\_\_\_

#### For Corporate customers, please share below details:

CKYC Identifier / Number (Generated by CERSAI):

PAN\*:  GSTIN:

Please share the below details for the Authorised Signatory:

Name:  Designation:

CKYC Identifier / Number (Generated by CERSAI):

Any existing policy from Us  Yes  No If 'Yes', Policy No

Hypothecation Details: Bank Name

**PUT A (✓) TICK MARK WHEREVER APPLICABLE:**

**All the questions to be answered completely. In case of any additional details, kindly enclose the information as an annexure:**

1.	Location of equipment to be insured (address of building/storey)			
	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 at any time by other Insurance Companies?		Yes	No
	If so, which items of the specifications and by which Companies?			
a)	State when the insurance is to commence? Note: Period of Insurance to expire at the same date next year	Date _____		
3.	Is all the equipment to be insured new?		Yes	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?		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 <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?		Yes	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? If yes, copy to be enclosed		Yes	No
9.	Air conditioning Plant	Pressurized <input type="checkbox"/>		
		Recommended by manufacturers <input type="checkbox"/>		
		Not necessary <input type="checkbox"/>		
10.	On payment of additional premium do you wish to cover the following?	If yes, provide limits of indemnity		
	Escalation Amount/percentage	₹ _____		No
		Or %age _____		
	Express Freight (excluding Air Freight), Overtime and Holiday rates of Wages.	₹ _____		No
	Air Freight	₹ _____		No
	Owners surrounding property	₹ _____		No
	Third Party Liability			No
	- AOA (Any One Accident)	₹ _____		No

	- AOY (Any One Year)	₹ _____	No
	Additional Customs Duty	₹ _____	No
	Any other Additional cover you wish to opt for Please specify	₹ _____	No

### NOMINEE DETAILS (Applicable for individual customers)

Nominee Name*	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Name and Account Details	% of claim share*

**\*Total % share cannot exceed more than 100%**

Where Nominee is a minor, give details of Appointee

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

**Note: Please provide an additional sheet if space is not sufficient to complete details.**

### BANK DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit / Debit Card <input type="checkbox"/> Online Payment Cheque / D.D# _____ Drawn Amount _____ Drawn To _____ Date <input type="text"/> IFSC/MICR Code _____ Bank and Branch Name _____ For Credit / Debit Card _____ Transaction Reference No _____ Transaction Date <input type="text"/>	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank Account Number _____ IFSC/MICR Code _____ Bank Name _____ Account Holder name _____ Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete.

### ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-mail id is mandatory)

Do you have an EIA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number	
Please mention name of Insurance Repository	
If No, do you want Us to create an EIA account for you	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository)	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

### ACKNOWLEDGEMENT:

Received from Ms./Mrs./ Mr. \_\_\_\_\_  
 sum of ₹ \_\_\_\_\_ Through Cheque/DD \_\_\_\_\_ against your proposal for Electronic Equipment Insurance.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary \_\_\_\_\_

Date

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name: \_\_\_\_\_

Time:   :   Place: \_\_\_\_\_

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Electronic Equipment Insurance Policy and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

## DECLARATION

I/We hereby declare that the statements made by me / us in this Proposal Form and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms and questionnaire the basis and is part of any policy issued in connection with the above risk(s). It is agreed that Zurich Kotak General Insurance Company (India) Limited is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. Zurich Kotak General Insurance Company (India) Limited undertakes to deal with this information in strict confidence.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements.  I/We would still want to receive a physical copy of the policy.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

## AML DECLARATION

I/We hereby confirm that all premiums have been/will be paid from bonafide 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/We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

In case of entity, Type of Organisation making the payment:

Limited Company  Government Organisation  Non-Government Organisation (NGO)  Society  Trust  Partnership  
 International Organisation  Co-operatives  Section 25 Company  Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?\*  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.

Are you a Non-Profit Organization?\*(only in case of an entity)  Yes  No

"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)."

Place\*

Date\*

Signature/Thumb impression of Proposer\*

## VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression /signature after fully understanding the contents thereof.

Signature / Stamp of the Proposer\*

Place\*

Date\*

Signature of Intermediary / Sales Person\*

## DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

I hereby declare that I \_\_\_\_\_, am a person with a disability and require assistance in completing this proposal form. I authorize \_\_\_\_\_ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer

Place\*

Date\*

Signature of Authorised Representative\*

## DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature / Stamp of the Proposer\*

Place\*

Date\*

Signature & Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/Sales person\*

## STATUTORY WARNING

### PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)

- 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 of 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 published prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

**ELECTRONIC DATA PROCESSING (EDP)  
Additional questionnaire for the Insurance of Electronic Data Processing (EDP Systems)**

1.	Name and address of the Proposer				
	Type of Business				
2.	EDP System:-				
	a) If the system is rented – state monthly rent	₹ _____			
	b) Date of Start of Operation	<input type="text"/>			
	c) Operational hours per day in shifts	<input type="text"/>			
	d) Name & address of manufacturer and / or lessor	<input type="text"/>			
	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	<input type="text"/>			
3.	Housing of the EDP System:-				
	a) Central Unit	Basement	<input type="text"/>		
		Ground Floor	<input type="text"/>		
		Floor	<input type="text"/>		
	B) Peripheral Unit	Basement	<input type="text"/>		
		Ground Floor	<input type="text"/>		
		Floor	<input type="text"/>		
	c) Total Value of plant located	In basement ₹	<input type="text"/>		
		On Ground Floor ₹	<input type="text"/>		
		On <input type="text"/> Floor ₹	<input type="text"/>		
		On <input type="text"/> Floor ₹	<input type="text"/>		
	d) Is Installation in accordance with the manufacturer's recommendations If not, specify deviations from instructions	Yes	<input type="text"/>	No	<input type="text"/>
	e) Manner in which the EDP system has been installed	On vibration absorbers	<input type="text"/>		
		On rollers	<input type="text"/>		
		By rigid anchoring	<input type="text"/>		
		Without anchoring	<input type="text"/>		
4.	Air-conditioning Plant	Prescribed	<input type="text"/>		
		Recommended by the manufacturer	<input type="text"/>		
		Used for EDP system only	<input type="text"/>		
	a) Maintenance	By the manufacturer	<input type="text"/>		
		By <input type="text"/>			
	b) Loss Prevention –				
	i) Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?	Yes,	<input type="text"/>	No	<input type="text"/>
		in case of excessive –			
		Temperature	<input type="text"/>		
		Moisture	<input type="text"/>		
	ii) Is the air conditioning plant also equipped with an independent signalling device in the case of disturbance or failure?	Yes	<input type="text"/>		No <input type="text"/>
		Optical	<input type="text"/>		
		Acoustic signal in the case of Presence of corrosive gases	<input type="text"/>		
		Excess Temperature	<input type="text"/>		
		Moisture	<input type="text"/>		

	Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours	Yes	<input type="text"/>	No	<input type="text"/>
5.	External Data Media – Note: Please answer the following questions only if the 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="text"/>	In steel cabinets	<input type="text"/>
		In fire – proof cabinets	<input type="text"/>	Together with EDP system	<input type="text"/>
	B) Air-conditioning	Yes	<input type="text"/>	No	<input type="text"/>
	If not, how is air conditioning effected?				
	Risk aggravating circumstances as in the storage rooms -	Steam & water lines	<input type="text"/>	Vibrations	<input type="text"/>
		Acid atmosphere	<input type="text"/>		
6.	Conditions (Excess) desired	2 times	5 times	10 times	20times
7.	Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy	Yes	<input type="text"/>	No	<input type="text"/>

#### DECLARATION

I / We hereby declare that the statements made by me / us in this Proposal Form and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms and questionnaire the basis and is part of any policy issued in connection with the above risk(s). It is agreed that Zurich Kotak General Insurance Company (India) Limited is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. Zurich Kotak General Insurance Company (India) Limited undertakes to deal with this information in strict confidence.

Place\*  Date\*

Signature/Stamp of the Proposer\*

**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 the 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	<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?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please specify.				
3.	Outside EDP system available for use				
	a) Name and address of Owner / Lessee	Owner			
		Lessee			
	b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please specify.				
	c) Has the system already been used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, how often?	Maximum Duration		_____hours	
		Maximum Cost Incurred		Rs. _____	
	d) Causes				
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 hours) <input type="checkbox"/> 7 days (168 hours) <input type="checkbox"/> 14 days (336 hours) <input type="checkbox"/> 28 days (672 hours) <input type="checkbox"/>

**DECLARATION**

I / We hereby declare that the statements made by me / us in this Proposal Form and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms and questionnaire the basis and is part of any policy issued in connection with the above risk(s). It is agreed that Zurich Kotak General Insurance Company (India) Limited is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. Zurich Kotak General Insurance Company (India) Limited undertakes to deal with this information in strict confidence.

Place\*

Date\*

Signature/Stamp of the Proposer\*