

PROPOSAL FORM

PROPOSAL & QUESTIONNAIRE FOR ELECTRONIC EQUIPMENT INSURANCE POLICY

_____COMPANY LIMITED

<p>1. Name and address of proposer _____</p> <p style="padding-left: 20px;">Type of business _____</p> <p style="padding-left: 20px;">Location of equipment to be insured (<i>address of building/storey</i>) _____</p> <p style="padding-left: 20px;">Structure of building _____</p>	<p style="padding-left: 20px;">Steel skeleton <input type="checkbox"/> Brickwork <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/></p>
<p>2. Has any of the equipment to be insured previously been covered by other insurance companies?</p> <p style="padding-left: 20px;">If so, which items of the specification and by which companies?</p> <p style="padding-left: 20px;">a) State when the Insurance is to commence?</p> <p style="padding-left: 40px;">Note-Period of Insurance to expire at the same date next year.</p>	<p style="padding-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="padding-left: 20px;">Date _____</p>
<p>3. Is all the equipment to be insured new?</p> <p style="padding-left: 20px;">If not, which items of the specification are second hand?</p> <p style="padding-left: 20px;">What equipment can still be obtained ex works?</p> <p style="padding-left: 20px;">(State items of the specification)</p>	<p style="padding-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>4. Condition of equipment -</p> <p style="padding-left: 20px;">Is the equipment maintained in accordance with the manufacturer's instructions?</p>	<p style="padding-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

5. Quality of staff - Have operators been trained with manufacturer?	<input type="text"/>	Yes	<input type="text"/>	No
6. Is there a risk of flood and inundation? If so, specify	<input type="text"/>	Yes	<input type="text"/>	No
	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? If so, specify	<input type="text"/>	Yes	<input type="text"/>	No
	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	<input type="text"/>	Yes	<input type="text"/>	No
9. Air conditioning Plant	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Recommended by manufacturers	<input type="checkbox"/> not necessary	

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Executed at _____ this day of _____ 20 _____

Signature

ELECTRONIC DATA PROCESSING (EDP)

_____ COMPANY
LIMITED

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

<p>1. Name and address of Proposer _____</p> <p style="padding-left: 20px;">Type of business _____</p> <p>2. EDP System -</p> <p style="padding-left: 20px;">a) If the system is rented state monthly rent Rs. _____</p> <p style="padding-left: 20px;">b) Date of start of operation _____</p> <p style="padding-left: 20px;">c) Operational hours per day in shifts _____</p> <p style="padding-left: 20px;">d) Name and address of manufacturer and/or lessor. _____</p> <p style="padding-left: 20px;">e) What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system?</p> <p style="padding-left: 40px;">Please furnish copy of lease contract if available.</p> <p>3. Housing of the EDP System -</p> <p style="padding-left: 20px;">a) Central Unit -</p> <p style="padding-left: 20px;">b) Peripheral Unit -</p> <p style="padding-left: 20px;">c) Total value of plant located -</p> <p style="padding-left: 20px;">d) Is Installation in accordance with the manufacturer's recommendations</p>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <p style="margin-bottom: 10px;">Rs. _____</p> <p style="margin-bottom: 10px;">_____</p> <p style="margin-bottom: 10px;">_____</p> <p style="margin-bottom: 10px;">_____</p> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"><input type="checkbox"/> Basement</td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"><input type="checkbox"/> Ground Floor</td> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Floor</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"><input type="checkbox"/> Basement</td> <td style="border-right: 1px solid black; padding: 5px;"><input type="checkbox"/> Ground Floor</td> <td style="padding: 5px;"><input type="checkbox"/> Floor</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">In basement Rs. _____</td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">On ground floor Rs. _____</td> <td style="width: 16.5%; padding: 5px;">On floor Rs. _____</td> <td style="width: 16.5%; padding: 5px;">On floor Rs. _____</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Yes</td> <td style="width: 33%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">No</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">If not, specify deviations from instructions</p>	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor	In basement Rs. _____	On ground floor Rs. _____	On floor Rs. _____	On floor Rs. _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor													
<input type="checkbox"/> Basement	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Floor													
In basement Rs. _____	On ground floor Rs. _____	On floor Rs. _____	On floor Rs. _____												
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No												

if not, how is air conditioning effected?				<input type="checkbox"/>
Risk aggravating circumstances as in the storage rooms -	steam & water lines	<input type="checkbox"/>	vibrations	<input type="checkbox"/>
			acid atmosphere	<input type="checkbox"/>
6. Conditions (Excess) desired	<input type="checkbox"/> 2 times	<input type="checkbox"/> 5 times	<input type="checkbox"/> 10 times	<input type="checkbox"/> 20 times
7. A) Exclusion of Fire & Allied Perils as per Standard Fire & Special Perils Policy.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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Executed at _____ this day of _____ 20 ____

Signature

INCREASED COST OF WORKING -

LIMITED

COMPANY

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

<p>1. Name and address of Proposer</p> <p>Type of business</p>	<p>_____</p> <p>_____</p>									
<p>2. EDP system to be insured -</p> <p>a) Operational hours on average</p> <p>b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?</p> <p>c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails?</p> <p>If so, please specify.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="text"/> per day </td> <td style="width: 5%; border-left: 1px solid black;"></td> <td style="width: 45%; text-align: center;"> <input type="text"/> per month </td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> Yes </td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;"> <input type="text"/> No </td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> Yes </td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;"> <input type="text"/> No </td> </tr> </table>	<input type="text"/> per day		<input type="text"/> per month	<input type="text"/> Yes		<input type="text"/> No	<input type="text"/> Yes		<input type="text"/> No
<input type="text"/> per day		<input type="text"/> per month								
<input type="text"/> Yes		<input type="text"/> No								
<input type="text"/> Yes		<input type="text"/> No								
<p>3. Outside EDP system available for use -</p> <p>a) Name and address of -</p> <p>b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)?</p> <p>If so, please specify</p> <p>c) Has the system already been used?</p> <p>If so, how often?</p> <p>d) Causes</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="text"/> Owner </td> <td style="width: 5%; border-left: 1px solid black;"></td> <td style="width: 45%; text-align: center;"> <input type="text"/> Lessee </td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> Yes </td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;"> <input type="text"/> No </td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> Yes </td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;"> <input type="text"/> No </td> </tr> </table> <p>Max. duration _____ Max. Cost Incurred _____</p> <p>_____</p> <p>_____</p>	<input type="text"/> Owner		<input type="text"/> Lessee	<input type="text"/> Yes		<input type="text"/> No	<input type="text"/> Yes		<input type="text"/> No
<input type="text"/> Owner		<input type="text"/> Lessee								
<input type="text"/> Yes		<input type="text"/> No								
<input type="text"/> Yes		<input type="text"/> No								
<p>4. Sums to be insured -</p>	<p>_____</p> <p>_____</p>									

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	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4 days (96 hrs)</td> <td>7 days (168 hrs)</td> <td>14 days (336 hrs)</td> <td>28 days (672 hrs)</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 days (96 hrs)	7 days (168 hrs)	14 days (336 hrs)	28 days (672 hrs)
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