





4. Condition of equipment Is the equipment maintained in accordance with the manufacturers Instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Quality of staff Have operators been trained with manufacturer ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a risk of flood and inundation ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
if yes, specify	<input type="checkbox"/> By bodies of water <input type="checkbox"/> By sewer backflow <input type="checkbox"/> By torrential rain <input type="checkbox"/> Or by others
7. Are dangerous materials used in the vicinity	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so specify acids prepared or sensitized papers	<input type="checkbox"/> 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
8. Valid maintenance contract in force? If yes, copy to be enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Air conditioning plant	<input type="checkbox"/> Pressurised <input type="checkbox"/> Recommended by manufacturers <input type="checkbox"/> not necessary

We hereby declare that the statements made by us in this Questionnaire and Proposal are to the best of our knowledge and belief, complete and true, and 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 \_\_\_\_\_

\_\_\_\_\_  
Signature







a. Maintenance	<input type="checkbox"/> By the manufacturer <input type="checkbox"/> By _____
b. Loss prevention	
c. Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?	<input type="checkbox"/> Yes, in the case of excessive <input type="checkbox"/> Temperature <input type="checkbox"/> Moisture <input type="checkbox"/> No
d. Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optical <input type="checkbox"/> Acoustic signal <input type="checkbox"/> Presence of corrosive gases <input type="checkbox"/> Excessive temp. <input type="checkbox"/> Moisture
Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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	<input type="checkbox"/> On wooden shelves <input type="checkbox"/> In steel cabinets <input type="checkbox"/> Together with EDP system <input type="checkbox"/> In fire-proof cabinets
b. Air-conditioning If not, how is air conditioning effected	
Risk aggravating circumstances as in the storage rooms	<input type="checkbox"/> Steam & water lines <input type="checkbox"/> Vibrations <input type="checkbox"/> Acid atmosphere
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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\_\_\_\_\_  
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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	Rs. _____ 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)	Rs. _____ weeks
b) Time Excess	<input type="checkbox"/> 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)

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Executed at \_\_\_\_\_ this day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

## The following is the copy of section 41 of the Insurance Act 1938

### PROHIBITION OF REBATES

- No person shall allow or offer to allow either directly 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 in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
- Any person making default in complying with the provision of this section shall be punishable with a fine, which may extend to five hundred rupees.

