

## Proposal Form for Reliance Electronic Equipment Policy

### Proposer's Details (To be filled in BLOCK CAPITALS)

1. Name of the Proposer  Mr.  Mrs. | F I T T R S T I | M I I D D I L E | L A S T I

2. Address for the proposer  
 Flat Building \_\_\_\_\_  
 Road/Street/Sector \_\_\_\_\_  
 Area \_\_\_\_\_  
 Taluka/Village/District/City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

3. Type of business \_\_\_\_\_

4. Location of equipment to be insured (address of building/storey) \_\_\_\_\_

5. Structure of building  Steel skeleton  Brickwork  Concrete  Wood

6. a. Has any of the equipment to be insured previously been covered by other insurance companies?  Yes  No  
 If yes, please mention the items of the specification and by which companies.  
 \_\_\_\_\_

b. State when the Insurance is to commence?          
 Note: Period of Insurance to expire at the same date next year.

7. 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)  
 \_\_\_\_\_

8. Condition of equipment - Is the equipment maintained in accordance with the manufacturer's instructions?  Yes  No

9. Quality of staff - Have operators been trained with manufacturer?  Yes  No

10. Is there a risk of flood and inundation?  Yes  No  
 If so, specify  By bodies of water  By torrential rainfall  By sewer backflow  by others

11. Are dangerous materials used in the vicinity?  Yes  No  
 If so, specify  Acids  Prepared or sensitized papers  Dyes  Test solutions  
 Developers  Explosives  Isotopes  Others

13. Valid Maintenance Contract in force? If yes, Copy to be enclosed  Yes  No

14. Air conditioning Plant  Pressurized  Recommended by manufacturers  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.

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

Date: \_\_\_\_\_

Signature of Proposer \_\_\_\_\_

