

## ELECTRONIC EQUIPMENT/COMPUTER EQUIPMENT INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker \_\_\_\_\_

### PARTICULARS OF THE PROPOSER

Name of the proposer (in full) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Physical location of business \_\_\_\_\_

Structure of building (tick as appropriate)  Steel skeleton  Brickwork  Concrete  Wood

Nature/Type of business \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

PIN Number (Attach copy of certificate) \_\_\_\_\_

### PARTICULARS OF THE INSURANCE

1. Has any of the equipment to be insured previously been covered by other companies?  YES  NO

If YES, give details of specification of items and by what companies \_\_\_\_\_

\_\_\_\_\_

2. Is all the equipment to be insured brand new?  YES  NO

If NO, which items of the specification are second-hand \_\_\_\_\_

\_\_\_\_\_

What equipment can still be obtained ex-works (second hand)? \_\_\_\_\_

\_\_\_\_\_

3. Condition of equipment

Is the equipment maintained in accordance with the manufacturer's instructions?

YES

NO

4. Quality of staff

Have operators been trained with the manufacturer?

YES

NO

5. Is there a risk of flood or inundation?

YES

NO

If YES, what is/are the most likely cause(s) (tick as appropriate)

Bodies of water     Torrential rainfall     Sewer backflow     Other

If Other, give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are dangerous materials used in the vicinity?

YES

NO

If YES, specify (tick as appropriate)

Acids     Lyes     Test solutions     Prepared or sensitized papers  
 Developers     Explosives     Isotopes     Other

If Other, give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DECLARATION

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

Date of proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**



Specification of items to be insured				
Description of items Please give full and exact description of all equipment, including name of manufacturer, type, serial number, voltage, power input etc. In the case of outdoor lines, indicate length and method of laying	Year of manufacture	Remarks Give particulars of any part of the equipment to be insured which has had a breakdown or failure during the last three years, which shows any signs of repair, or which is exposed to any special risk. In the case of mobile equipment, state means and frequency of transport, areas of operation and distances. State if picture or admitter tubes are built in	A/B *	Replacement value State the current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package material etc.
<b>TOTAL</b>				

\* For the insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed.  
 \* In the case of bought equipment, mark A; In the case of hired equipment, mark B

	Item No.			
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Branch	Policy No.	Currency	Declaration No.	Type of plant

Specification of **electronic equipment/computer equipment** insured

Item No	Description of machinery (type, manufacturer, serial no, e.t.c)	Deductible(excess)	Sum Insured
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			<b>TOTAL SUM INSURED</b>

Branch Manager/Authorise Person(s) signature \_\_\_\_\_ Date \_\_\_\_\_