

SECTION A: Personal /Corporate Data
(Individual Applicant)

Surname: _____ Other Name: _____ PIN No: _____

Place of Work: _____ Occupation: _____

Date of Birth: (dd) _____ / (mm) _____ (yy) _____ ID/Passport No: _____

(Corporate Applicant)

Business name: _____ PIN No: _____

Nature of Business: _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address: _____ Postal Code: _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No: _____ Mobile Phone: _____

Email Address: _____

SECTION B: Technical Details

1. a) Name and address of proposer
 b) Type of trade or business
 c) Location of equipment to be insurance (address of building storey)
 d) Structure of building steel skeleton brick work concrete wood
2. Has any of the equipment insured previously been covered by other insurance companies?
 Yes No
 If so, which items of the specification and which companies? _____

 State when the insurance is to commence Date _____ Time _____
 Period of the insurance to expire at the same date and time next year. _____
3. a) 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 specifications _____
4. Condition of the equipment. Is the equipment maintained in accordance with the manufacturer's instructions?

5. Quality of staff. Have operators been trained with the manufacturer? Yes No
6. Is there risk of flood? Yes No
 If so, by: Bodies of water torrential rainfall sewer backflow other
7. Are dangerous materials Yes No
 If so, specify acids prepared or sensitised papers test solutions developers
 explosives isotopes others

SECTION C: Payment Details

Payment Type (Please Tick)

Cash: (Please pay directly to THE INSURANCE COMPANY)

Cheque: Cheque No Bank:

Premium Finance: (State the financing company)

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH THE INSURANCE COMPANY

- Please note that all premium cheques must be written in favour of THE INSURANCE COMPANY
CASH must be paid direct to the insurer and appropriate receipt obtained.
- Insurance cover will commence only after payment has been received by insurer.
If any cheques are dishonoured cover will be deemed to have been inoperative with effect from inception
- Please check that your Insurance Agent has a current Licence from the Commissioner of Insurance.

SECTION D: Requirements

Please attach the following which form part of this proposal. Without these documents, we shall not be in a position to process the Proposal.

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SECTION E: Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed at this day of 20

For and on behalf of:

Name:

Signature: Date:

(If Corporate): Designation of contact person:

Company Stamp:

This policy provides indemnity to electronic equipment against sudden and unforeseen physical loss or damage to the equipment in a manner necessitating repair or replacement including theft, transit risks and cover to laptops on a worldwide basis. This policy covers material damage for many types of low and medium electrical equipment like; Electrical data processing equipment including computers of all types, external data media (e.g. Punched cards, tapes etc.), Electrical and radiation equipment for medical use, Communication facilities.

Other miscellaneous equipment, television equipment used for industrial purposes, film and television equipment, analyzing facilities, electronic microscopes, time keeping devices, paging and signalling systems.

It also covers loss of information suffered by external media used in computing facilities (software) and additional expenses for computer operation which arise if the insured's computer breaks down and arrangement of hired computing facilities become necessary (Increased cost of working)

Specification of items to be insured				
Item No	Description of items Please give full and exact description of all machines, including name of manufacturer, type, output, capacity, speed, load, weight, voltage, amperage, cycle, fuel, pressure, temperature, etc.	Year of Manufacture	Remarks Give particulars of any part of the machinery 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	Replacement value Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in the case of transformers and switches) plus freight charges, customs duties, costs of erection and also value of foundation, if the latter are to be insured.