

Electronic Equipment Insurance Application Form

1. Name and address of proposer _____

Type of business _____

Location of equipment to be insured (address of building, storey) _____

Structure of building steel skeleton brickwork concrete wood

2. Has any of the equipment to be insured previously been covered by other insurance companies? yes no If so, which items of the specification and by 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. 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. (ex work: excluding the cost of delivery from the factory and sometimes excluding the commission or profit of the distributor or retailer)

4. Condition of equipment Is the equipment maintained in accordance with the Manufacturers' instructions? yes no

5. Quality of staff have operators been trained? yes no

6. Is there a risk of flood and inundation? yes no if so, by bodies of water torrential rainfall
 Sewer backflow other

7. Are dangerous materials used in the vicinity? yes no if so, specify acids prepared or sensitized papers
 yes test solutions developers explosives isotopes
 others

8. Do you wish the cover to include extra charges (in case of loss) for: express freight, overtime, night work, work on public holidays? Yes No

Air freight? Yes No

Limit of indemnity for air freight: _____

Specification of Items to be Insured					
Item No	Description of Items 1	Year of Manufacture	Remarks	A2 B3	Replacement value
	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		Give particulars of any part of the equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair. In case of mobile equipment, State means and frequency of transport, areas of operation and distances. Please state if picture or admitter tubes are built in.		Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package material.
TOTAL					

- 1 For the coverage of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed
 2 In the case of bought equipment, mark "A"
 3 In the case of hired equipment, mark "B"

We hereby declare that the statements made by us in this Application form are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Application forms the basis and is part of any Policy issued in connection with the above risk(s). It is agreed that the Insurer 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 Insurer undertakes to deal with this information in strict confidence.

Executed at _____ Date : _____ Signature _____