

Questionnaire and Proposal for Electronic Equipment Insurance No

1. Name and address

of proposer

Type of business

Location of equipment
to be insured

(address of building, story)

Structure of building

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 what companies?

State when the insurances is
to commence

Date:

Time:

Period of insurance to expire at the
Same date and time next year.

3. Is all the equipment to be insured new?

☐ Yes

☐ No

if so, which items of the specification are second-hand?

What equipment can still be
obtained ex works?

State items of the specification.

4. Condition of equipment

Is the equipment maintained in accordance with the
Manufactures' instruction?

☐ Yes

☐ No

5. Quality of staff

Have operators been trained with the manufacture?

☐ 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, by

☐ acids

☐ prepared or sensitized papers

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 insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

Executed at

date

signature

Specification of Items to be Insured

Item No.	Description of items ¹ 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 particular 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 the 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.	A ² B ³	Replacement value 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.
¹ For the insured 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".					Total sum insured