

**ELECTRONIC EQUIPMENT INSURANCE PROPOSAL FORM**

Intermediary Name: .....  
 Code : .....

Your VAT No:.....

Please use BLOCK LETTERS

1. Proposer's Name in full: ..... Contact No(s)  
 ..... Home :.....  
 ..... Office :.....  
 ..... Mobile :.....
2. Postal Address :..... Fax :.....  
 ..... E-mail :.....
3. Type of Business :.....
4. Location of equipment to be insured :.....
5. Structure of building      Steel Skeleton      Brick work      Wood      Concrete
6. Period of Insurance : From :..... To :.....

7. Specifications / Sum Insured of items to be insured

Description of item	Year of Make	Replacement Value	

8. Has any of the equipment to be insured previously been covered by other insurance companies?  
 Yes      No  
 If yes, which items of the specification and by which companies :.....  
 .....
9. Is the equipment maintained in accordance with the manufacturers Instructions?      Yes      No
10. Have operators been trained with manufacturer?      Yes      No
11. Valid maintenance contract in force? (If yes, copy to be enclosed)      Yes      No
12. Is there a risk of flood and inundation?      Yes      No  
 If yes, please give details: .....  
 .....
13. Are dangerous materials used in the vicinity?      Yes      No  
 If so specify,      Acids      Prepared or sensitized papers      Isotopes      Dyes  
                          Test solutions      Developers      Explosives      Others
14. Do you wish to extend the Policy to cover : Riot and Strike      Yes      No      Terrorism      Yes      No

