

## PROPOSAL FORM FOR ELECTRONIC EQUIPMENT INSURANCE

### SECTION 1 - PERSONAL DETAILS

a. Full Name of Proposer: \_\_\_\_\_

b. Contact Details: (tel): \_\_\_\_\_ (fax): \_\_\_\_\_  
 (mobile): \_\_\_\_\_ (web): \_\_\_\_\_  
 (email): \_\_\_\_\_  
 (postal): \_\_\_\_\_ (code): \_\_\_\_\_ (town/ city): \_\_\_\_\_

c. Tin Number : 

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 VRN \_\_\_\_\_

### SECTION 2 - PROPOSAL DETAILS

1. Location of equipment to be insured (address of building, storey)  
 Structure of building :  Steel skeleton  Brickwork  Concrete Wood

ii. Period Of Insurance : (From): \_\_\_\_\_ (To): \_\_\_\_\_

2. Has any of the equipment to be insured previously been covered by other insurance companies?  Yes  No  
 \_\_\_\_\_

3. Is all the equipment to be insured new?  Yes  No  
 If no, which items of the specification are Second-hand? State items of the specification  
 \_\_\_\_\_

4. Is the equipment maintained in accordance with the manufacturers' instructions ?  Yes  No

5. Have operators been trained with the manufacturer?  Yes  No

6. Is there a risk of flood and inundation ?  Yes  No  
 If so, by:  bodies of water  torrential rainfall

7. Are dangerous materials used in the vicinity?  Yes  No  
 If so, specify  Acids  prepared or sensitized papers  lyes  
 test solutions  developers  Explosives  
 isotopes  others : \_\_\_\_\_

### DECLARATION

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 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 policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence..

Date : \_\_\_\_\_ Signature of Proposer : \_\_\_\_\_

### Specification of Items to be Insure

<sup>1</sup> For the insurance of electronic data processing (EDP) equipment, an additional questionnaire Total for EDP equipment has to be completed.

Item No	Description of items <sup>1</sup> 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 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.	Bought or Hired ?	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 materials.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
				Total	

**Additional Questionnaire for the Insurance of Electronic Data Processing (EDP) System.**

1. Name and address of proposer : \_\_\_\_\_  
Type of business : \_\_\_\_\_

2. EDP system  
If the system is rented, state monthly rent: \_\_\_\_\_  
Name and address of manufacturer and/or lessor  
\_\_\_\_\_

Date of start of operation \_\_\_\_\_ Operational Hours: per day in \_\_\_\_\_ shifts.

What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system? Please furnish copy of lease contract if available.

\_\_\_\_\_

**3. Housing of the EDP system**

Central Unit  basement  ground floor  floor  
Peripheral Unit  basement  ground floor  floor

Total value of plant located in basement \_\_\_\_\_

Total value of plant located on on ground floor \_\_\_\_\_

Total value of plant located on on floor \_\_\_\_\_

**Installation**

Is installation in accord with the manufacturer's recommendations or instructions?  Yes  No

If not, specify deviations from instructions:

\_\_\_\_\_

**Fire prevention measures**

fire-resistant walls and ceilings  fire-resistant wall and ceiling openings (door)  
 smoke-proof and fire-resistant  smoke and heat venting systems.  
 Others : \_\_\_\_\_

**Fire detection facilities**

smoke detectors  heat detectors  optical detectors  
 push button fire alarms  Fire alarms by telephone  supervision by guards  
 others : \_\_\_\_\_

**Fire-fighting facilities**

portable fire extinguishers filled with :  CO<sup>2</sup>  halon  powder water  
 Wall hydrants with connected  hose and  steel pipe  
 Sprinklers  CO<sup>2</sup> flooding system  halon flooding system  
 Others : \_\_\_\_\_

**Supply Lines in the EDP rooms**

Yes  No

If so, specify

central heating lines  steam lines  Water lines  gas lines

**Supply lines in the rooms above the EDP rooms**

Yes  No

If so, is the ceiling waterproof?  Yes  No

**Vibrations of building ?**

Yes  No

If so, due to :  road traffic  nearby railway lines  Blasting  
 other causes : \_\_\_\_\_

Possibility of explosions within 30m of the EDP system ?  Yes  No  
 If so, specify :  heating fuel tank  paint shop  filing station  
 welding shop  storage of highly inflammable materials  
 other \_\_\_\_\_

4. EDP systems located in Inundation-prone areas  Yes  No  
*Has the building already been inundated?*  
 If so, how often \_\_\_\_\_ Period of observation \_\_\_\_\_ years.  Yes  No  
 Has the EDP system already been affected by inundations?  
 If so, how often \_\_\_\_\_ Period of observation \_\_\_\_\_ years.  Yes  No  
 Maximum claims amount: \_\_\_\_\_

State the return periods of the events that led to damage to the EDP system:

5 years  10 years  20 years  50 years  75 years  more than 75 years

Are there watercourses above the level of the basement of the building?  Yes  No  
 If so, state distance between normal (highest registered) Level of watercourse and level of basement: \_\_\_\_\_ ( \_\_\_\_\_ )m

Watercourse is regulated by :  dam  dike  other : \_\_\_\_\_

Have any dam or dike \_\_\_\_\_ in the past? \_\_\_\_\_  Yes  No  
 If so, how often? \_\_\_\_\_ Period of observation: \_\_\_\_\_

Protective measures : Is there a flood/hurricane tide warning service?  Yes  No  
 Possible safety measures:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. For EDP systems located in Earthquake-prone area  Yes  No  
 Has any damage occurred to the building housing the EDP system due to earthquakes or earth shocks?  
 If so, how often? \_\_\_\_\_ Period of observation: \_\_\_\_\_  
 Type of damage :  cracks  partial collapse  total collapse  
 Has the EDP system already been affected by earthquakes?  Yes  No  
 If so, how often? \_\_\_\_\_ Period of observation: \_\_\_\_\_  
 Maximum claims amount: \_\_\_\_\_

Manner in which the EDP System has been installed  
 On vibration absorbers  on rollers  by rigid anchoring  without anchoring

In the column "Remarks" of the specification of the "Questionnaire and Proposal for Electronic Equipment Insurance", please mark with an "E" those parts of the EDP system which have been installed in such a manner that they may fall or collide with other objects if vibrations due to earthquakes occur.

6. Is an Air-conditioning plant installed together with the EDP system  Yes  No  
 If "Yes" is the air conditioning plant :  
 prescribed by the manufacturer  recommended by the manufacturer  
 Is the air-conditioning plant shut off automatically by Limit switches if the normal control facility fails?  Yes  No  
 If Yes, in the case of excessive :  temperature  moisture

Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?

Yes  No

If "Yes" (tick where applicable)  optical signals  acoustic signals  
in the case of:  presence of corrosive gases  
 Excessive temperatures  
 Excessive moisture

Are adequate loss prevention measures initiated immediately even if the above protective devices are actuated outside operational hours?

Yes  No

7. External data media

Please answer the following questions only if insurance is desired.

Mark those data media which are stored in the same hazard zone as the EDP system with an "A" in the column "Location" of the specification; mark data media stored in another hazard zone with a "B".

**STORAGE**

wooden shelves  steel cabinets  fire-proof cabinets

**AIR CONDITIONING**

together with EDP system.

If not, how is air-conditioning effected?

[Redacted text box]

Risk-aggravating Circumstances in Storage rooms

steam and water lines  vibrations  acidic atmosphere

State safety measures against fire:

[Redacted text box]

Is insurance protection Required during transport of the data media?

Yes  No

Distance between EDP system and storage location

[Redacted text box]

Transport means::

[Redacted text box]

**DECLARATION**

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 policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Date : \_\_\_\_\_ . Signature of Proposer : \_\_\_\_\_

### Specification of External Data Media

<sup>1</sup> For the insurance of electronic data processing (EDP) equipment, an additional questionnaire Total for EDP equipment has to be completed.

Item No	Quantity	Type of data media Magnetic disc, magnetic cards, punched cards,paper tapes, magnetic account cards, plain text forms	Type of data media stored historical data, variable data	Location	Material Value	Restoration source	Location of restoration	Estimated cost of restoration
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
				Total				