

## PROPOSAL FORM ELECTRONIC EQUIPMENT

1. Name of Insured :
2. Address of Insured :
3. Period of Insurance Proposed - From: To:  
At o'clock
4. Situation of Risk: (if more than one please attach schedule of Locations)
5. Occupancy/Business at Situation:
6. Insured Items:

RISK TO BE INSURED (DESCRIPTION OF HARDWARE MAKE,MODEL SERIAL NO)	INSURED AMOUNT

**NOTE : ARE/IS ABOVE EQUIPMENT UNDER ANY MAINTENANCE AGREEMENT? YES / NO**

6.2. If “yes” please advise Name and Address of Maintenance Company:

6.3. Total Sum Insured:

Full Value:

First Loss Limit: *(limit any one loss, any one location):*

7. Security:

7.1. Are all doors and windows, skylights, ventilation ducts, physically protected? (Yes/No)

7.2. If “yes”, with what form of protection?

7.3. Are the premises fitted with an alarm system? (Yes/No)

7.4. If “yes”, state whether system is sonic, infra-red, contact , other (specify) indicating frequency of testing and if the alarm system linked to a rapid response capability by a security company? (Yes/No)

7.5. Is security lighting provided through out the hours of darkness?

7.6. Are there resident watchmen, resident security guards, or patrols?

7.7. Name of Security Firm providing services under 7.4 and 7.5 above?

8. Is coverage required for:

8.1. Strikes, Riots and Civil Commotion (Yes/No): If “yes”, Limit per Loss:

8.2. Terrorism (Yes/No): If “yes, Limit per Loss:

9. Loss History:

Year	Number of Claims	Value of Claims		Single Large Losses	Type of Loss
		Paid	O/S		
Current Year					
Previous Year					
2 Years Previous					
3 Years Previous					
4 Years Previous					

10. Has the proposer ever had:

(a) a proposal for insurance declined or rejected, or special terms imposed by an Insurer?

(b) a claim under an insurance policy rejected?

(If the answer to either question 9 (a) or 9 (b) is “yes” please provide details on a separate sheet)

11. Is there any other information relevant to the acceptance of this proposal which the Insured knows to be material to the Company's decision to accept the Risk proposed?

We declare that the answers in this proposal are true and that we have not misstated or suppressed any material facts. We agree that this proposal together with any other information supplied by us shall form the basis of any contract of insurance effected thereon and shall be incorporated therein. We undertake to inform insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance.

Signed for and on behalf of: (Name of Insured)

By: (Name and Position/Title of Proposer)

Date:

NIC No :

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Company Reg. No :.....



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S-VAT Reg. No .....

VAT Reg. No .....

Contact No :



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