



ELECTRONIC EQUIPMENT INSURANCE – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

1. FULL NAME OF PROPOSER: _____

2. ADDRESS: _____
3. OCCUPATION / BUSINESS: _____
4. TELEPHONE NO.: _____
5. EMAIL: _____

DETAILS OF THE PROPOSED INSURANCE

1. Location of equipments to be insured (address of building)
.....
2. Is the equipment maintained in accordance with the manufacturer's instructions?
 Yes No
3. Qualification of staff
Have operators been trained by the manufacturer?
 Yes No
4. Give particulars of any part of the equipment to be insured which has had a breakdown or failure during the last three years
 - a) valves and tubes
 - b) other equipments
5. Are fire, lightning, explosion and impact of aircraft to be covered?
 Yes No



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6. Is the fire protection in accordance with approved standards?

Yes No

If not, what are the deficiencies?

.....

7. Is there a risk of flood or inundation?

Yes No

if so, by

Bodies of water Torrential rainfall Sewer backflow

8. Estimated new replacement value of all insured items

.....

9. Required policy limit per accident (should not be more than the amount shown under item 10 and not less than the probable maximum loss)

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10. Policy deductible DM 1000 DM 2000 DM 3000



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PERIOD OF INSURANCE

Insurance to commence on _____ 20 ____ to _____ 20 ____

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

Date: _____ **Signature:** _____

Agent /Broker: _____