



ELECTRONIC EQUIPMENT INSURANCE APPLICATION FORM

1. General Information (Including contractual arrangements)

(a) Name and Address of Proposer

Name and Address of Proposer	
Type of Business:	
Location of equipment to be insured (address of building, storey)	
Structure of building	
<input type="checkbox"/>	Steel Skeleton
<input type="checkbox"/>	Brickwork
<input type="checkbox"/>	Concrete
<input type="checkbox"/>	Wood

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 which companies?

State when the Insurance is to commence.

Date:	
Time:	

3. Is all the equipment to be insured new?

Yes No

If not, which items of the specification are second hand?

What equipment can still be obtained ex works? State the item specification. (ex. Work: excluding the cost of delivery from the factory and sometimes excluding the commission or profit of the distributor or retailer)

4. Condition of Equipment

Is the equipment maintained in accordance with the Manufacturer's Instruction?

Yes No

5. Quality of Staff

Are operators been trained?

Yes No



ELECTRONIC EQUIPMENT INSURANCE APPLICATION FORM

6. Is there's 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, specify? Acids Prepared or sensitized paper Sewer backflow other
 Test solutions developers explosives isotopes

8. Do you wish the cover to include extra charges (in case of loss) for:

Express freight, overtime, night work, work on public holidays?

Yes No

Air freight?

Yes No

Limit of indemnity for air freight:



ELECTRONIC EQUIPMENT INSURANCE APPLICATION FORM

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 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 case of mobile equipment. State means and frequency of transport, areas of operation and distances.	A2 B3	Replacement Value Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, custom duties, costs of erection, package material.
TOTAL					

For the coverage 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"

We hereby declare that the statements made by us in this Application form are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Application forms the basis and is part of any Policy issued in connection with the above risk(s). It is agreed that the Insurer is liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurer undertakes to deal with this information in strict confidence

Executed at: _____ Date: _____ Signature: _____