

Questionnaire and Proposal for Electronic Equipment Insurance No

1. Name and address
of proposer

Type of business

Location of equipment
to be insured
(address of building, storey)

Structure of building

steel skeleton brickwork concrete 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:

Period of the insurance to expire at
the same date and time next year.

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 items of the specification.

4. Condition of equipment

Is the equipment maintained in accordance with the
manufacturers' instructions?

yes

no

5. Quality of staff

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

sewer backflow

other

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

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 con-
nection 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.

Executed at

, this

day of

19

Signature

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 the case of mobile equipment, state means and frequency of transport, areas of operation and distances. Please state if picture or admittler tubes are built in.	A ² B ³	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 material.
Total					

¹ For the insurance 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".