



Applicants' details

Mr.
 Mrs.
 Miss.

_____ First Name _____ Middle Name _____ Last Name

_____ Address (Home, Street, Parish, Country) _____

(_____) Telephone (_____) Mobile _____ E-mail Address _____

DD/MM/YYYY _____ Sex _____ Marital Status _____ Occupation _____

_____ Date of birth _____

1. Type of business _____

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

3. Structure of building:- steel skeleton brickwork concrete wood

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

5. If so, which terms of the specification and by which companies? _____

6. State when the insurance is to commence _____ Period of insurance to expire at the same date and time next year

DD/MM/YYYY _____ HH/MM AM/PM _____

_____ Date _____ Time _____

7. 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? _____

Condition of Equipment

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

Quality of Staff

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

10. Is there a risk of flood and inundation? Yes No If so, by bodies of water torrential rainfall sewer back flow others

11. 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 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 DD/MM/YYYY _____ Signature _____

Specification of items to be insured

Item No.	Description of items¹ Please give full exact description of all equipment, including name of manufacturer, type, serial number, voltage, power input etc. In case of outdoor lines, indicate length and method of laying.	Year of Manufacture	Remarks Give particulars of any part of equipment to be insured which has had a breakdown or failure during the last three years and shows any signs or repair. In case of mobile equipment, state means and frequency of transport, areas of operation and distances. Please state if picture or transmitter tubes are built	A² B³	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 electrical 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":