

**Questionnaire and Proposal for  
 Electronic Equipment Insurance No**

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1. Name and address of proposer \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_

Location of equipment To be insured (address of Building storey) \_\_\_\_\_

Structure of Building  Steel Skeleton  Brickwork  Concrete  Wood

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2. Has any of the Machinery to be Insured previously been covered by other Companies  Yes  No

If so, which items of the specification and by what Companies?  
 \_\_\_\_\_  
 \_\_\_\_\_

State when the Insurance Is to commence. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Period of Insurance to expire at the same date and time next year.

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3. Is all the equipment to be Insured new?  Yes  No If not, which items of the specification are second-hand?  
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If so, please state the relevant items of the specification.  
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What equipment can still Be obtained ex works? State items of the specification

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4. Condition of equipment is the equipment maintained in accordance with the Manufacturer's instructions?  Yes  No

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5. Quality of Staff have operators been trained with the manufacturer?  Yes  No

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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  
 Iyes  Test solutions  Developers  Explosives  
 Isotopes  Others

8. Loss Record (5 Years)

Date of Loss	Nature of Loss	Amount

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.

Executed at

Date

Signature

Name:

Position:

