



PROPOSAL FORM FOR ELECTRONIC EQUIPMENT INSURANCE

1	Name & 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? State when the insurance is to Commence.	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, which items of the specification & by which companies? Time: _____ From: _____ To _____
3	Is all the equipment to be insured new? What equipment can still be Obtained ex works?	If not, which items of the specification are second-hand? State items of the specification.
4	Condition of equipment	Is the equipment maintained in accordance with the manufacturers' instruction <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Quality of staff	Have operators been trained with the manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is there risk of flood & inundation	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, by <input type="checkbox"/> bodies of water <input type="checkbox"/> torrential rainfall <input type="checkbox"/> sewer backflow <input type="checkbox"/> other
7	Any dangerous materials used in the vicinity?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify: <input type="checkbox"/> Acids <input type="checkbox"/> prepared or sensitized papers <input type="checkbox"/> Dyes <input type="checkbox"/> test solutions <input type="checkbox"/> developers <input type="checkbox"/> explosives <input type="checkbox"/> Isotopes <input type="checkbox"/> 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.

I/We have understood the Terms and condition of the Policy contract which I/We are entering into, as explained by the Company's representative.

Executed at _____, this _____ day of _____ 20 .

Signature.

ADDITIONAL QUESTIONNAIRE FOR THE INSURANCE OF ELECTRONIC DATA PROCESSING (EDP) SYSTEMS

1	Name & Address of Proposer Type of Business	_____ _____
2	EDP system Name & Address of manufacturer and/or lessor What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system? Please furnish copy of lease contract if available.	If the system is rented, state monthly rent: Date of start of operation: Operational Hours: _____ per day in _____ shifts _____ _____ _____ _____
3	Housing of EDP system: Total value of plant located Installation	Central unit: <input type="checkbox"/> Basement <input type="checkbox"/> Ground floor <input type="checkbox"/> Floor Peripheral unit: <input type="checkbox"/> Basement <input type="checkbox"/> Ground floor <input type="checkbox"/> Floor in basement: _____ on ground floor: _____ on __ floor : _____ on ____ floor: _____ in accord with the manufacturer's recommendations or instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, specify deviations from instructions:
	Fire prevention measures	<input type="checkbox"/> Fire resistant ceilings & walls <input type="checkbox"/> Fire resistant wall & ceiling openings (doors) <input type="checkbox"/> Smoke-proof & fire-resistant sealing of cable shafts <input type="checkbox"/> Smoke & heat venting systems 0 others
	Fire detection facilities	<input type="checkbox"/> Smoke detectors <input type="checkbox"/> Heat detectors <input type="checkbox"/> Optical detectors <input type="checkbox"/> Push button fire alarms <input type="checkbox"/> Fire alarms by telephone <input type="checkbox"/> Supervision by guards <input type="checkbox"/> Others
	Fire fighting facilities	Portable fire extinguishers filled with <input type="checkbox"/> CO2 <input type="checkbox"/> halon <input type="checkbox"/> powder <input type="checkbox"/> water Wall hydrants with connected <input type="checkbox"/> hose <input type="checkbox"/> steel pipe <input type="checkbox"/> sprinklers <input type="checkbox"/> CO2 flooding system <input type="checkbox"/> halon flooding system
	Supply lines in the EDP rooms Supply line in the rooms Vibrations of the building	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify <input type="checkbox"/> Central heating lines <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is ceiling waterproof? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Possibility of explosions Within 30 m of the EDP systems	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify <input type="checkbox"/> heating fuel tank <input type="checkbox"/> paint shop <input type="checkbox"/> filling station <input type="checkbox"/> welding shop <input type="checkbox"/> storage of highly inflammable materials <input type="checkbox"/> others

7	<p>External data media Please answer the following Questions only if insurance is desired</p> <p>Air-conditioning</p> <p>Risk-aggravating circumstances in the storage rooms</p> <p>Is insurance protection required during transport of the data media?</p>	<p>Mark those data media which are stored in the same hazard zone as the EDP system with an "A" in the column "Location" of the specification; mark data media stored in another hazard zone with a "B" storage</p> <p><input type="checkbox"/> on wooden shelves <input type="checkbox"/> in steel cabinets <input type="checkbox"/> fire-proof cabinets</p> <p><input type="checkbox"/> together with EDP system. If not, how is air-conditioning effected?</p> <p><input type="checkbox"/> steam and water lines <input type="checkbox"/> vibrations <input type="checkbox"/> acidic atmosphere</p> <p>State safety measures against fire:</p> <p>Distance between EDP system and storage location: Means of transport :</p>
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Executed at _____ this _____ day of _____ 20 .

Signature:

Additional Questionnaire for the Insurance of Increased Cost of Working as a result of failure of EDP systems:

1	<p>Name and address of Proposer</p> <p>Type of Business:</p>	<p>_____</p> <p>_____</p>
2	<p>Proposer's insured EDP system</p>	<p>Manufacturer, type, year of construction</p> <p><input type="checkbox"/> Purchased system <input type="checkbox"/> Leased system</p> <p>Is the lessee of the system free of liability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Daily working hours:</p> <p>Daily hours backup system is used:</p> <p>Cost of back-up system per hour:</p> <p>Number of backup days per month:</p> <p>Is there an uninterruptible and/or mains back-up power supply system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, is its value included in the sum assured <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there an air-conditioning system serving the EDP system alone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, is its value included in the sum assured <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is it possible in the event of failure to utilize other EDP systems so as to obviate using an outside system <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3	<p>Outside EDP system available for use</p>	<p>Name & Address of Owner Lessee</p>

	<p>Has the system already been used?</p>	<p>Is the use of the outside EDP system subject to any special conditions (waiting periods, conversion measures, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If so, how often? Causes? Maximum duration: Maximum cost incurred:</p>
4	<p>Determination of sum insured</p>	<p>4.1 Cost of using the outside EDP system _____ eg. rent, cost per hour x Hrs. per day 4.2 Additional cost for staff or third-party) wage work and services incurred in () per day _____ using the outside EDP system () 4.3 Additional transport cost for data) media and staff () per day _____ 4.4 Cost saved in the event of a loss if the) Proposer's own EDP system fails () per day _____ Daily Compensation (DC) Result 4.1—4.4 Annual Sum Insured DC x Working days per month When the insured system is used x 12 Increased cost of working incurred only once eg. Reprogramming—First loss sum Insured _____</p>
5	<p>Conditions desired</p>	<p>Period of Indemnity <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> ____ months</p> <p>Deductible <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 5 times <input type="checkbox"/> 10 times ____ times the daily compensation amount</p> <p>Exclusions on account of other existing insurances? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify:</p>
6	<p>Remarks:</p>	

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Executed at _____ this _____ day of _____ 20 .

Signature of Proposer:

Agent / Broker name :

Code number :