

PROPOSAL FORM FOR INSURANCE

COMPUTER (MATERIAL DAMAGE)

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

SECTION 1 DETAILS OF PROPOSAL

1.	a. Name of Proposer:		
b. Mailing Address: Postal Code:			
	c. Telephone No./Fax No.:		
	d. Email address:		
2.	a. Situation of Premises:		
	b. Trade or Business (if applicable):		
	c. Period of Insurance: From To:		
3.	Please select one: The Computer(s) and accessories were purchased ☐ New or ☐ Second Hand		
	If Second Hand, please state: Age Date of purchase		
4.	Please select one: The Computer(s) will be used for ☐ Personal Use or ☐ Business Use		
5.	a. Is the computer's) owned solely by you?	□ Yes	□ No
	b. Is the computer(s) the subject of a Hire Purchase Agreement or other type of contract?	☐ Yes	□ No
	If Yes, state the name and address of the Finance Company:		
	c. Has the computer(s) been installed to the manufacturers recommendations?	☐ Yes	□ No
	If No, indicate reasons:		
6.	State the construction of the building in which the computer(s) is/are located:		
	Walls:		
	Roof:		
	Partitions:		
	Ceilings:		
7.	a. Is the computer(s) housed in a purpose-built room?	☐ Yes	□ No
	b. Is Computer Room constructed of Non-combustible materials only?	☐ Yes	□ No
	b. Please list construction materials:		
	c. Which Fire Detecting and Fire Fighting Equipment are used?		
	i. Smoke or fire Detectors □ Yes □ No		
	ii. Sprinklers □ Yes □ No		
	iii. Carbon Dioxide Extinguishing System □ Yes □ No		
	iv. Halon Extinguishing System □ Yes □ No		
8.	a. Is access to the Computer Room restricted to EDP personnel?	☐ Yes	□ No
	b. Is entrance without identification (security check) for other persons possible?	☐ Yes	□ No
9.	a. Is there a Service and Maintenance agreement in force?	☐ Yes	□ No



PROPOSAL FORM FOR INSURANCE

COMPUTER (MATERIAL DAMAGE)

		If Y	es, state type of contract agreement below:					
		i.	Spot inspection and ∕or adjustments against charge □ Yes □ No					
		ii.	Periodic inspections and/or adjustments against annual fee; Malfunctions repaired on request and charged extra ☐ Yes ☐ No					
		iii.	Periodic inspections and ∕or adjustments; repair of malfunctions including parts against annual charge					
		iv.	Other arrangements □ Yes □ No					
			If Yes, please describe:					
	b.	Ele	ctrical wiring is less than ten (10) years old?	⊒ No				
	NC	TE:	: In the absence of a maintenance agreement, mechanical and electrical breakdown is compulsorily exclud	ded.				
10.	Do	you	u require cover for expediting expenses?	⊒ No				
	If Y	⁄es,	please state the amount:					
11.	Do you use the following emergency Power Supply? Batteries Diesel or gas turbine stand-by unit(s)							
12.	a.	Hav	ve you suffered damage to hardware previously? 🗆 Yes 🏻 🗀	⊒ No				
		If Y	es, please describe cause and extent of damage and indicate amount of loss:					
	b.	Hav	ve you suffered any other loss(es)?	 ⊐ No				
		If Yes, please describe cause and extent of damage and indicate amount of loss:						

SECTION 2 LIST OF COMPUTER EQUIPMENT

Please attach an additional sheet if the space below is inadequate.

Item Description	Serial/Model Number	Year of Manufacture	Other Details



PROPOSAL FORM FOR INSURANCE

COMPUTER (MATERIAL DAMAGE)

SECTION 3 DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been misstated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Proposer Name (Please print)			
Signature	Date		