



ELECTRONIC EQUIPMENT INSURANCE PROPOSAL FORM

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

A. PARTICULARS OF PROPOSER

Name of proposer (in full) _____
P.O Box _____ Code: _____
Town _____ County _____
Mobile Number: _____
Alternative Mobile Number _____
E-mail _____
Email Number 2 _____
Pin Number _____
ID Number _____ (attach copy)
Situation of Premises: Plot No: _____ Street: _____
Town: _____ County _____
Profession/Occupation _____

B. PARTICULARS OF INSURANCE

1. Period of Insurance: From: _____ To: _____
2. Location of equipment to be insured:
3. Name of building: _____ Plot Number _____ Street/Road _____ Town _____
County _____

C. CONDITION OF THE EQUIPMENT

1. Is the equipment new? YES NO
 2. If not, specify please specify the equipment that are second hand?
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3. Was the equipment obtained ex works, that is, were all costs from the seller's premises borne by you? YES NO
 4. Is the Air Conditioner:
 - Pressurized? YES NO
 - Recommended by manufacturer of the equipment? YES NO
 - Not required for the machine. YES NO

D. MAINTENANCE

- 1. Is the equipment maintained in accordance with the manufacturer’s instructions?
YES NO
- 2. Is there a valid Maintenance Contract in place? YES NO
- 3. If not, explain how the maintenance is carried out and by whom? _____

- 4. Is there a risk of flood/ or inundation? YES NO If yes, select as source of risk:
bodies of water
torrential rainfall
Other, please specify _____
- 5. Are dangerous materials Used in the vicinity? YES NO
If yes, please specify _____

E. QUALITY OF STAFF

- 1. Have all operators been trained to handle the equipment? YES NO If not, what measures are being taken for reducing operational errors? _____

F. INSURANCE AND LOSS HISTORY

- 1. Are you now or have you been insured for this type of Insurance? YES NO
If yes, give name of Insurer and Policy Number _____
- 2. Have you ever suffered a loss for insurance now proposed? If yes state; YES NO
a. Date of Loss _____
b. Amount of Loss _____
- 3. What precautions have you taken to prevent a similar or any other loss occurring? _____

- 4. Has any Insurance Company ever:
 - a. Cancelled your Policy? YES NO
 - b. Declined to insure you? YES NO
 - c. Declined to renew your Policy? YES NO
 - d. Renewed your policy on special terms? YES NO
 - e. Declined any claim? YES NO
- 5. If the answer to any of the above is ‘YES’, please give brief details. _____

G. DESCRIPTION OF ITEMS

Please give full and exact description of allequipment’s to be insured:

NOTE. The following type of equipment can be insured.

Computers and allied accessories, Auxiliary equipment like UPS, Voltage stabilizer, Medical, Biomedical, equipment e.g., Laboratory equipment, X-ray Machine, Ultrasound machines, MRI, CAT scan Machines, Audio/visual equipment, Electronic control panels, Telecommunication and navigational equipment, Electronic equipment for research and material testing and similar equipment.

1. Specification of Electronic Equipment to be Insured

Item No.	Name of Manufacturer	Serial number	Output	Year of Manufacture	High exposure to special hazards (Y/N)	Replacement value Please state current cost of replacing the machine by new machinery of the same kind and capacity
				TOTAL Sum Insured		

Declaration

I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

Name of Proposer _____ Signature _____ Date _____

Name of Agent/Broker _____ Signature _____ Date _____