

QUESTIONNAIRE AND PROPOSAL FOR ELECTRONIC EQUIPMENT INSURANCE NO

1. Name and address of proposer				
Type of business				
Location of equipment to be insured (address of building, storay)				
Structure of building				
	steel skeleton	brickwork	concrete	wood
2. Has any of the equipment to be insured previously been covered by other Insurance companies?	yes	no	If so, which items of the specification and by which companies?	
State when the insurance is in commence	Date:	Time:	Period of the Insurance to expire at the same date and time next year.	
3. 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?	State items of the specification.			
4. Condition of equipment?	Is the equipment maintained in accordance with the manufacturer's instructions?		yes	no
5. Quality staff	Have operators been trained with the manufacture?		yes	no
6. Is there a risk of flood and inundation	yes	no	if so, by	bodies of water torrential rainfall
			sower backflow	other
7. Are dangerous materials used in the vicinity	yes	no	if so, specify	acids prepared or sensitized papers
	yes	test solutions	developers	explosives isotopes
	others			

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 port 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 atrict confidence.
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Executed at	Date	Signature	
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Specification of Insured Items

Item No.	Qty.	Description of items (type, manufacturer, capacity, serial No.)	Year of Manufacture	Replacement value
			Total	

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The Insurers undertake to deal with this information in strict confidence.

Executed at _____ this _____ Day of _____ 20_____

Signature