

Electronic Equipment Insurance Application form



APPLICANT INFORMATION

1. Name of Applicant: -----			
<i>First</i>	<i>Middle/Father's</i>	<i>Last</i>	
2. Address: -----			
3. Type of Business: -----			
4. Address of equipment: -----			
5. Structure of building: <input type="checkbox"/> Skeleton <input type="checkbox"/> Brickwork <input type="checkbox"/> Concrete <input type="checkbox"/> Wood			
6. Requested period of insurance: From: -----/-----/----- To: -----/-----/-----			
1. Has any of the equipment to be insured previously been covered by other insurance companies?			
<input type="checkbox"/> No	<input type="checkbox"/> If Yes, which items of the specification & by which company? -----		
2. Is all equipment to be insured new?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, which items of the specifications are second hand: -----			
3. Condition of equipment:			
Is the equipment maintained in accordance with the manufacturer's instructions?			<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 a risk of flood and 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. Are dangerous materials used in the vicinity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, specify	<input type="checkbox"/> Acids	<input type="checkbox"/> Developers	<input type="checkbox"/> Isotopes
	<input type="checkbox"/> Lyes	<input type="checkbox"/> Test solutions	<input type="checkbox"/> Prepared or sensitized papers

STATEMENT

We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my 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.

It is agreed that the insurers are liable in the terms of this 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.

Name: -----
Date: -----/-----/-----
Signature: -----