

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 2. Has any of the equipment to be insured previously been covered by other Insurance companies? State when the insurance is in commence 3. Is all the equipment to be insured new? What equipment can still be obtained ax works? 4. Condition of equipment? State items of the specification and by which companies? If so, which items of the specification and by which companies? Date: Time: Period of the Insurance to expire at the same date and time next year. yes no If not, which items of the specification are second-hand? State items of the specification. Is the equipment maintained in accordance with the yes no ground and inundation and inu			ELECTRONIC EQUIPMENT INSURANCE NO	
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Specification of Insured Items

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

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.

Executed at this Day of 20

Signature