## 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, storey) □ wood ☐ steel skeleton □ brickwork concrete Structure of building Has any of the equipment If so, which items of the specification and by which companies? □ no □ yes to be insured previously been covered by other insurance companies? Period of the insurance to expire at Time: State when the insurance Date: the same date and time next year. is to commence. If not, which items of the specification are second-hand? 3. Is all the equipment to be □ yes □ no insured new? What equipment can still State items of the specification. be obtained ex works? □ no Is the equipment maintained in accordance with the ☐ yes 4. Condition of equipment manufacturers' instructions? Have operators been trained with the manufacturer? □ no yes 5. Quality of staff 6. Is there a risk of flood ☐ torrential rainfall □ no If so, by □ bodies of water □ yes and inundation? □ other sewer backflow Are dangerous materials □ acids □ prepared or sensitized papers □ no If so, specify. □ yes used in the vicinity? □ developers □ explosives ☐ isotopes ☐ test solutions □ lyes □ others The Insurers undertake to It is agreed that the Insurers We hereby declare that the hereby agree that this deal with this information in statements made by us in this Questionnaire and Proposal are liable in accordance with the terms of the policy only strict confidence. Questionnaire and Proposal forms the basis and is part are, to the best of our of any policy issued in conand that the insured will not lodge any other claims of nection with the above risk(s). knowledge and belief, whatever nature. complete and true, and we 19 day of Executed at , this Signature

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Description of items 1  Please give full and exact description of all equipment, including name of manufacturer, type, serial number, voltage, power input, etc. In the case of outdoor lines, indicate length and method of laying.	Specification of Items to be Insured
Year of manu-facture	
Remarks Give particulars of any part of the equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair. In the case of mobile equipment, state means and frequency of transport, areas of operation and distances.  Please state if picture or admitter tubes are built in.	
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Replacement value Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package material.	