

Electronic Equipment Insurance Application Form

- Name and address of proposer

Principal Address

Wasel Address

Landline/Mobile/Fax

Email address

Commercial registration no.

When established

Commercial Registration no.

Type of business

Location of equipment to be insured (address of building, storey)

Structure of building

☐ steel skeleton
 ☐ brickwork
 ☐ concrete
 ☐ wood
- 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 to commence.

Date :
 Time :
 Period of the insurance to expire at the same date and time next year.
- 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.

(ex work: excluding the cost of delivery from the factory and sometimes excluding the commission or profit of the distributor or retailer)
- Condition of equipment

Is the equipment maintained in accordance with the Manufacturers' instructions?

☐ yes ☐ no
- Quality of staff

have operators been trained?

☐ yes ☐ no

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شركة سعودية مساهمة تعمل في نشاط التأمين - تخضع للإشراف والرقابة من قبل البنك المركزي السعودي

A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

 تصريح البنك المركزي السعودي رقم ت م ن / 20129/33 - ر.م: 7001727200 رأس المال 300 مليون ريال
 SAMA License No.TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million
 Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax: +966.11.2129444
 الإدارة العامة / الرياض: ص.ب 643 الرياض 11421 - هاتف: 920008424 فاكس: +966.11.2129444

 الرياض 12214 المملكة العربية السعودية / العنوان الوطني: الإدارة العامة: 9033 طريق الملك فهد العليا برج العنود الثاني، الدور 21
 National Address: Head Office: 9033, Al Anoud Building, Tower 2, 21st floor, King Fahd Rd, Al Olaya, Riyadh 12214, Saudi Arabia

6. Is there a risk of flood and inundation? ☐ yes ☐ no if so, by ☐ bodies of water ☐ torrential rainfall
☐ Sewer 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
-
8. Do you wish the cover to include extra charges (in case of loss) for: express freight, overtime, night work, work on public holidays? ☐ Yes ☐ No
 Air freight? ☐ Yes ☐ No
 Limit of indemnity for air freight SAR:
-

9. Deductible- Material damage:

Time Excess:

10. Do you wish the cover to include? Theft....., External Data Media....., Full Replacement Value....., Fire, Lightning, Explosion and Impact of Aircraft....., Flood, Inundation, Storm or Tempest.....Mobile Equipment.....
 Increased cost of working SR:.....

N.B. The company may quote the one or more of the above limits as aggregate for policy period.
 The final agreed cover will be stated in the policy issued to client.

11. Kindly state the loss record for the past five years:

Were you denied insurance by any insurance company in the past or was your policy cancelled by any insurance company or denied renewal?

Are there any material facts you want to declare?

Material Facts

Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.

Specification of Items to be Insured

Item No	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	Year of Manufacture	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 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.	A2 B3	Replacement value SAR 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.
TOTAL					

1 For the coverage of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed

2 In the case of bought equipment, mark "A"

3 In the case of hired equipment, mark "B" We hereby declare that the statements made by us in this Application form are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Application forms the basis and is part of any Policy issued in connection with the above risk(s). It is agreed that the Insurer is liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurer undertakes to deal with this information in strict confidence.

Executed at _____ Date : _____ Signature _____

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