

GALLOWAYS

ELECTRONIC EQUIPMENT INSURANCE PROPOSAL FORM

This proposal shall be completed and signed by the proposer. All questions must be answered in full. Please use BLOCK letters or tick as appropriate.

Agency:

Account No:

A. PARTICULARS OF PROPOSER

1. Trade/ Business/Occupation:
2. Location of equipment to be insured:
3. Name of building:
4. Location: Plot Number Street/Road Town
5. Telephone Number/s:
Mobile No:
Fax Number:
Email address:
6. Is there a risk of flooding or water damage? Yes / No
7. If so, please specify:

Period of Insurance: From: To: (both dates inclusive)

C. PARTICULARS OF EQUIPMENTS

Make Serial No. Value

D. CONDITION OF THE EQUIPMENT

1. Is the equipment new? Yes / No
If not, specify the equipment that are second-hand:
2. Was the equipment obtained ex-works (all costs from the seller's premises borne by you)? Yes / No
3. Is the Air Conditioner:
a) Pressurized? Yes / No
b) Recommended by manufacturer of the equipment? Yes / No

Note: The following type of equipment can be insured:

Computers and allied accessories, Auxiliary equipment like UPS, Voltage stabilizer, Medical/Biomedical equipment (e.g. Laboratory equipment, X-ray Machine, Ultrasound machines, MRI, CAT scan Machines), Audio/visual equipment, Electronic control panels, Telecommunication and navigational equipment, Electronic equipment for research and material testing, and similar equipment.

E. MAINTENANCE

1. Is the equipment maintained in accordance with the manufacturer's instructions? Yes / No
Please give details:
 2. Is there a valid Maintenance Contract in place? Yes / No
If not, explain how the maintenance is carried out and by whom:
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F. QUALITY OF STAFF

1. Have all operators been trained to handle the equipment? Yes / No
If not, what measures are being taken to reduce operational errors?
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G. INSURANCE AND LOSS HISTORY

1. Are you now or have you been insured for this type of Insurance? Yes / No
If yes, give name of Insurer and Policy Number:
2. Have you ever suffered a loss for insurance now proposed? Yes / No
If yes, state:
 - o Date of Loss:
 - o Amount of Loss:
3. What precautions have you taken to prevent a similar or any other loss occurring?
4. Has any Insurance Company ever:
 - a) Cancelled your Policy? YES / NO
 - b) Declined to insure you? YES / NO
 - c) Declined to renew your Policy? YES / NO
 - d) Imposed any special terms? YES / NO
 - e) Declined any claim? YES / NO

If the answer to any of the above is YES, please give brief details:

CONSENT

I ALLOW YOU TO USE THE DATA I HAVE SUPPLIED LIMITED FOR THE PURPOSE OF PROCESSING INSURANCE

- ☐ YES
☐ NO
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DECLARATION

I / We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and **Galloways**.

Name of Proposer:

Signature:

Date: