

## **COMPUTER/ELECTRONIC/LOW VOLTAGE EQUIPMENT ALL RISKS PROPOSAL FORM**

### **COVER PROVIDED**

Loss of or damage to the equipment insured by any accident or misfortune (subject to the Exclusions named in the policy and Schedule) occurring within the Territorial Limits stated in the Schedule.

### **TERRITORIAL LIMITS**

You may choose to cover items while they are anywhere within one of the following defined areas:

- The Premises
- Islandwide
- West Indies
- Worldwide

### **ITEMS THAT CAN BE COVERED**

- Computer Equipment and its accessories
- Electronic Equipment
- Low voltage Equipment

Items must be insured for the cost of their replacement by new items of the same kind and capacity which means their replacement costs including ordinary freight charges, custom duties and dues, erection/installation costs and cost to site.

If the sum insured is less than the cost of replacement, we will pay only in such proportion as the sum insured bears to the amount required to be insured.

**The insurance is subject to the more precise terms of the Policy a specimen of which can be obtained on application.**

**EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY**

PLEASE USE BLOCK LETTERS

Names of Proposer(s)/Company \_\_\_\_\_

Date of Birth (individual) \_\_\_\_\_ mm/dd/yy      Marital Status (individual) \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone Nos.    Home \_\_\_\_\_      Office \_\_\_\_\_      Cell \_\_\_\_\_

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1. Do you have any policies in force with us?      YES     NO

If 'YES', please give details

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever insured the equipment for ALL RISKS, FIRE, BURGLARY or THEFT Insurance?      YES     NO

If 'YES', please state the name of all previous insurers

\_\_\_\_\_

\_\_\_\_\_

3. Have you or anyone with a financial interest in the items to be insured ever had an insurer:

(a) decline your proposal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) increase your premium?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) increase your excess?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) refuse to renew your policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(e) cancel your policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If 'YES' to any of these, please state the reasons together with the name(s) of insurer(s) \_\_\_\_\_

\_\_\_\_\_

4. Are you the sole owner of the equipment to be insured?      YES     NO

If 'NO', please give name and address of any Mortgage, Lease or Interested Party Arrangements

\_\_\_\_\_

\_\_\_\_\_

5. Do you own any equipment similar to the ones proposed for insurance that you have not listed?      YES     NO

If 'YES', please state why

\_\_\_\_\_

6. Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

7. What is the use of the equipment proposed for insurance?

- (a) Business
- (b) Private
- (c) Professional purposes

If more than one box above is ticked, please give details \_\_\_\_\_  
\_\_\_\_\_

8. Please state the Territorial Limits within which the insurance is to apply.

- (a) within your private dwelling only
- (b) within your business premises only
- (c) anywhere in the island
- (d) anywhere in the West Indies
- (e) anywhere in the World

9. Is additional cover required for:

- |   |                              |                             | <b>Limit Per<br/>Policy Period</b> |
|---|------------------------------|-----------------------------|------------------------------------|
| (a) extra charges for overtime work, night work,<br>working on public holidays and express freight excluding airfreight | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____                              |
| (b) extra charges - airfreight costs  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____                              |

10. In addition, do you wish to insure Loss of Data Media and Regeneration of Data YES  NO   
If 'YES', please complete the supplementary Proposal Form

11. At what premises is the equipment proposed for insurance usually kept?  
\_\_\_\_\_

12. What is the occupation of the premises?

- (a) Private residence (house/flat) occupied solely by you and your family
- (b) Office under your control
- (c) Other (Describe)

\_\_\_\_\_

13. How long have you occupied the premises?  
\_\_\_\_\_

14. Who else has access to the premises?  
\_\_\_\_\_

15. To your knowledge

- (a) Has the premises ever been broken into? YES  NO
- (b) Have any equipment mysteriously disappeared from within the premises occupied? YES  NO

If 'YES', please give details \_\_\_\_\_  
\_\_\_\_\_

16. Are the premises left unoccupied for any period exceeding 30 days? YES  NO

If 'YES', please give details

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17. Is the equipment protected whilst kept at the premises mentioned in question (11) above by any of the following?

- (a) Burglar Alarm YES  NO
- (b) Grillwork YES  NO
- (c) Safe YES  NO
- (d) Other YES  NO

If 'OTHER', please give details

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18. Has any of your equipment sustained any damage in the last three years? YES  NO

If 'YES', please give details

Year	Item	Cause of Damage	Cost

19. Do you have a maintenance agreement in force? YES  NO

If 'YES', please give details

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20. Do you have a separate air conditioning system for your computer equipment? YES  NO

If 'YES', please give details

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