

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 Number

1. PARTICULARS OF PROPOSER

Name of Proposer:
 Postal Address: P. O Box Postal Code Town
 Telephone Number/s Mobile No.
 Fax Number Email address
 PIN Certificate Number (Please attach a copy)

2. PARTICULARS OF INSURANCE

Trade/ Business/Occupation Location of equipment to be insured:
 Name of building: Location: Plot Number
 Street/Road Town
 Type of Structure of building:
 Is there a risk of flooding or water damage? Yes No
 If so, please specify
 Are any dangerous materials used in the vicinity? Yes No
 If so please specify what type.
 Period of Insurance: From: To (both dates inclusive)

3. IS THE EQUIPMENT NEW?

Yes No

If not specify (in the schedule below provided):

(i) The equipment that are second hand?

(ii) Was the equipment obtained ex works, that is, were all costs from the seller's premises borne by you?

NOTE. The following type of equipment can be insured.

Computer and allied peripherals, 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.

4. CONDITION OF THE EQUIPMENT

Is the equipment maintained in accordance with the manufacturer's instructions? Yes No

Please give details

5. MAINTENANCE

Is there a valid Maintenance Contract in place? Yes No

If not, explain how the maintenance is carried out and by whom? Quality of staff

Have all operators been trained to handle the equipment? Yes No

If not, what measures are being taken for reducing operational errors?

7. AIR CONDITIONER

Is the air conditioner

- (a) Pressurized?
 (b) Recommended by manufacturer of the equipment?
 (c) Not necessary

INSURANCE AND LOSS HISTORY

(i) Are you now or have you been insured for this type of Insurance? Yes No

If yes, give name of Insurer and Policy Number

(ii).Have you ever suffered a loss for insurance now proposed? Yes No

If yes state; Date of Loss

Amount of Loss

What precautions have you taken to prevent a similar or any other loss occurring:

(iii)Has any Insurance Company ever;

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| (a) Cancelled your Policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Declined to insure you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Declined to renew your Policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Imposed any special terms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Declined any claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is 'YES', please give brief details below.

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 Insurance Company Limited.

Name of Proposer Signature

The liability of the Company does not attach until the proposal has been accepted and the premium paid.

ELECTRONIC DATA PROCESSING (EDP)

(Additional questionnaire for the insurance of EDP systems)

1. THE EDP SYSTEM

(a) Is the system owned or leased?

(b) If rented state the monthly rent

(c) State the date of start of operations

(d) State the number of operational hours per day

(e) Name the address of the manufacturer and/or lessor

(f)) What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system?

Please furnish a copy of lease contract agreement if available.

2. HOUSING OF THE EDP SYSTEM:

(a) Where is the Central unit housed?

(b) Where is the peripheral unit housed?

(c) State the total value of the plant

(d) Is installation in accordance with the manufacturer's recommendation? Yes No

If not, specify deviations from instructions

(e) In which manner has the system been installed?

- On vibration absorbers?
- On rollers?
- By rigid anchoring?
- Without anchoring?

3. AIR CONDITIONING PLANT :

Is the air conditioner

- (a) Prescribed?
- (b) Recommended by the manufacturer?
- (c) Used for the EDP system only?
- (d) Maintained by the manufacturer? Yes No
If not, by who?
- (e) Loss prevention:

4. DOES THE AIR CONDITIONING PLANT AUTOMATICALLY SHUT OFF BY LIMIT SWITCHES:-

- (a) if the normal control facility fails? Yes No
- (b) in case of excess -temperature / moisture? Yes No

5. Is the air conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?

- Yes No If yes, state whether Optical signal

In case of presence of corrosive gases, excess temperature or moisture

- iii) Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours? Yes No

Explain briefly

(a) Storage - What kind of storage have you put in place for your data?

- Wooden shelves Steel cabinets
- Fire-proof cabinets Together with the EDP System

- (b) Is air conditioner in place? Yes No If not, how is air conditioning effected?

Explain briefly

7. Do you wish to extend cover for Fire & Allied Perils as per Standard Fire & Perils policy?

- Yes No

DECLARATION

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Name of Proposer Signature

Date

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INCREASED COST OF WORKING

(Additional questionnaire for the Insurance of Increased Cost of Working as a result of failure of EDP Systems)

1. EDP system to be insured:

- (a) Operational hours on average: Per day
Per month
- (b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system? Yes No
If so, please explain
- (c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? Yes No
If so, please specify

2. Outside EDP system available for use:

- (a) Name and address of:
Owner:
Lessee
- (b) Is the use of the outside EDP systems subject to any special conditions (waiting period, conversion measures, etc)?
If so, please specify
- (c) Has the system already been used? Yes No
If so, how often? Maximum duration Maximum cost Incurred
- (d) Causes:

3. Sum to be insured:

- (a) Rent of substitute Equipment KES per hour
- (b) Indemnity period per occurrence weeks
- (c) Limit per occurrence KES
- (d) Aggregate indemnity limit during the period of insurance: KES
- (e) Personal Expenses: KES
- (f) Transportation of materials KES

Conditions desired: (Voluntary excess)

- (a) Period of indemnity per occurrence (minimum) weeks
- (b) Time Excess:
 3 days (72 hrs) 7 days (168 hrs) 14 days (336 hrs) 28 days (672 hrs) Others

Declaration

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CLAUSES

Automatic Additions and Deletions Clause It is agreed and declared that additional equipment will automatically be held covered under this policy provided that as soon as practically possible, the Insured will declare in writing to the Company all details relating to such equipment and pay the appropriate additional premium.

Deletions of equipment will be similarly effected from the date of disposal.

Warranty for Maintenance of Contract It is agreed that subject to the terms contained in this policy, a maintenance contract has to be in force during the period of the policy. Maintenance for the purpose of this policy shall mean:

- Safety checks
 - Preventative maintenance
 - Rectification of loss or damage or faults arising from normal operations by repair or replacing of modules, section assemblies and components.
- The insurance cover does not cover costs incurred for such maintenance work.