



Follow the instructions bellow to complete this form:

1. Open this form with *AdobeAcrobat*.
2. Carefully fill in the form by clicking on the provided fields.
3. Don't input incorrect information, ask for assistance if you're uncertain.

For appending of signature;

4. Click on the signaturefield
5. Click *Configure New Digital ID*
6. Click *Create a new Digital ID* then click *Continue*
7. Click *Save to File* then click *Continue*
8. Save the form every time a digital signature is added.
9. Once you've completed the form, save and email or whatsApp it and the associated documents

Please attach the following documents after completing the form:

Need assistance?

Call or email us for quick assistance.

Mobile:

Email:

ELECTRONIC EQUIPMENT INSURANCE PROPOSAL

M-PESA Paybill
Business No: **100500**



Your Security For The Future

Account No.

Policy No.

Agency / Broker:

Period of Insurance: From:

To:

SECTION 1: BUSINESS DETAILS

a. Full Name of Proposer: _____

b. Contact Details: (tel): _____ (fax): _____
(mobile): _____ (web): _____
(email): _____
(postal): _____ (code): _____ (town/city): _____

c. Proposer PIN Number:

SECTION 2: PROPOSAL DETAILS

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

Structure of building

Steel skeleton

Concrete Wood

2. Has any of the equipment to be insured previously been covered by other insurance companies? Yes: No:

3. If yes, give details;

4. Is all the equipment to be insured new? Yes: No: ☐
If no, which items of the specification are Second-hand? State items of the specification

5. Is the equipment maintained in accordance with the manufacturers' instructions? Yes: No:

6. Have operators been trained with the manufacturer? Yes: No:

7. Is there a risk of flood and inundation? Yes: No:
If so, by;

Bodies of water

Torrential rainfall

8. Are dangerous materials used in the vicinity? Yes: No:
If so, specify;

Acids

prepared or sensitized papers

lyes

Test solutions

developers

explosives

isotopes

others: _____

DECLARATION:

I/We hereby declare that all the statements and particulars entered in this Proposal are true and that I/we have not withheld any material information whatsoever regarding the proposal. I/we further declare that the amounts proposed for insurance represent the full value of the property described. I/we agree that this Declaration shall form the basis of the contract between Me/Us and the Insurer and I/We agree to abide by the terms and conditions of the Policy to be issued.

Signature of Proposer: _____

Date: _____

Specifications of items to be insured

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

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 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.	Bought or hired?	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 materials.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
TOTAL					

Additional Questionnaire for the Insurance of Electronic Data Processing (EDP) System.

1. Name and address of proposer:

Type of business:

2. EDP system

If the system is rented, state monthly rent:

Name and address of manufacturer and/or lessor

Date of start of operation

operational Hours per day in

shifts.

What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system? Please furnish copy of lease contract if available.

3. Housing of the EDP system

Central unit: Basement Ground floor Floor

Peripheral unit: Basement Ground floor Floor

Total value of plant located in basement

Total value of plant located on ground floor

Total value of plant located on floor

Installation

Is installation in accord with the manufacturer's recommendations or instructions?

Yes:

No:

If not, specify deviations from instructions;

Fire prevention measures:

fire resistant walls and ceilings

fire resistant wall and ceiling openings (door)

smoke-proof and fire-resistant

☐ smoke and heat venting systems

others :

Fire detection facilities:

☐ smoke detectors

☐ heat detectors

☐ optical detectors

☐ push button fire alarms

☐ fire alarms by telephone

☐ supervision by guards

☐ others : **Fire-fighting facilities:**

☐ portable fire extinguishers filled with:

☐ CO²

☐ halon

☐ powder water

☐ wall hydrants with connected:

☐ hose, and

☐ steel pipe

☐ sprinklers

☐ CO² flooding system

☐ halon flooding system

☐ others : **Supply lines in the EDP rooms:**

If so, specify;

Yes: ☐

No: ☐

☐ central heating lines

☐ steam lines

☐ water lines

☐ gas lines

Supply lines in the rooms above the EDP rooms:

Yes: ☐

No: ☐

If so, is the ceiling waterproof?

Yes: ☐

No: ☐

Vibrations of the building?

Yes: ☐

No: ☐

If so, due to;

☐ road traffic

☐ nearby railway lines

☐ blasting

☐ other causes:

Possibility of explosions within 30m of the EDP system?

Yes:

No:

If so, specify;

☐ heating fuel tank

☐ paint shop

☐ filling station

☐ welding shop

☐ storage of highly inflammable materials others :

☐ others;

4. EDP systems located in inundation-prone areas:

Has the building already been inundated?

Yes:

No:

If so, how often

period of observation years.

Has the EDP system already been affected by the inundations?

Yes:

No:

If so, how often

period of observation years.

Maximum claims amount:

State the return periods of the events that led to damage to the EDP system.

5 years

10 years

20 years

50 years

75 years

more than 75 years

Are there watercourses above the level of the basement of the building?

If so, state distance between normal (highest registered) level of watercourse and level of basement: ()m

Yes: ☐ No: ☐

Watercourse is regulated by; ☐ dam ☐ dyke ☐ other

Has any dam or dyke breaches occurred in the past? If so, how often ☐ period of observation ☐ years.

☐ ☐

Protective measures:

Is there a flood /hurricane tide warning service?

Yes: ☐ No: ☐

Possible safety measures;

5. For EDP systems located in Earthquake-prone area

Has any damage occurred to the building housing the EDP system due to earthquakes or earth shocks?

Yes: ☐ No: ☐

If so, how often? period of observation years.

Type of damage: ☐ cracks ☐ partial collapse ☐ total collapse

Has the EDP system already been affected by earthquakes?

Yes: ☐ No: ☐

If so, how often? period of observation years.

Maximum claims amount:

Manner in which the EDP System has been installed

☐ on vibration absorbers ☐ on rollers ☐ by rigid anchoring ☐ without anchoring

In the column "Remarks" of the specification of the "Questionnaire and Proposal for Electronic Equipment Insurance", please mark with an 'E' those parts of the EDP system which have been installed in such a manner that they may fall or collide with other objects if vibrations due to earthquakes occur .

6. Is an Air-conditioning plant installed together with the EDP system?

Yes: ☐ No: ☐

If "Yes", is the air conditioning plant

☐ prescribed by the manufacturer ☐ recommended by the manufacturer

Is the air-conditioning plant shut off automatically by Limit switches if the normal control facility fails?

Yes: ☐ No: ☐

If "Yes", in the case of excessive; ☐ temperature ☐ moisture

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

Yes: ☐ No: ☐

If "Yes", (tick where applicable) ☐ optical signals ☐ acoustic signals

In the case of: ☐ presence of corrosive gases

☐ Excessive temperatures

☐ Excessive moisture

Are adequate loss prevention measures initiated immediately even if the above protective devices are actuated outside operational hours?

Yes: ☐ No: ☐

7. External data media

Please answer the following questions only if insurance is desired.

Mark those data media which are stored in the same hazard zones as the EDP system with an "A" in the column "location" of the specification; mark data media stored in another hazard zone with a "B".

STORAGE

☐ wooden shelves

☐ steel cabinets

☐ fire-proof cabinets

AIR CONDITIONING

☐ together with the EDP system

If "not", how is air-conditioning effected?

Risk-aggravating Circumstances in Storage rooms

☐

steam and water lines

vibrations

acidic atmosphere

State safety measures against fire:

Is insurance protection Required during transport of the data media?

Yes:

No:

Distance between EDP system and storage location

Transport means:

DECLARATION:

I/We hereby declare that all the statements and particulars entered in this Proposal are true and that I/we have not withheld any material information whatsoever regarding the proposal. I/we further declare that the amounts proposed for insurance represent the full value of the property described. I/we agree that this Declaration shall form the basis of the contract between Me/Us and the Insurer and I/We agree to abide by the terms and conditions of the Policy to be issued.

Signature of Proposer: _____

Date: _____

Specification of External Data Media

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

Item No.	Quantity	Type of data media. Magnetic disc, Magnetic cards, Punched cards, paper tapes, magnetic account cards, plain text forms	Type of data media stored historical data, variable data	Location	Material value	Restoration source	Location of restoration	Estimated cost of restoration
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTAL								