

ELECTRONIC EQUIPMENT QUESTIONNAIRE



IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

A. BROKER DETAILS

Broker Name

Contact Person

Tel

Fax

Email

B. INSURED

Business Name

Postal Address

Description of Business

VAT Number

Company Registration

C. SCHEDULE OF EQUIPMENT

NB: If the following space is insufficient you may provide a separate list of equipment.

Description	Sum Insured New Replacement Value
	R
	R
	R
	R
	R

C. SCHEDULE OF EQUIPMENT

Please provide details of Power Surge Protection Measures in place

Please provide details of Anti-theft, Security & Fire Prevention measures in place

INCREASED IN COST OF WORKING (ICOW)

Cover required Yes No

Limit of Indemnity Indemnity Period

RE-STATEMENT OF DATA (ROD)

Cover required Yes No

Limit of Indemnity Indemnity Period

SASRIA

Cover required Yes No

PREVIOUS INSURANCE

Name of Insurer

Claims Experience / Details

D. GENERAL COMMENTS

DECLARATION

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Signed by insured

Date
