

QUESTIONNAIRE AND PROPOSAL FORM FOR COMPUTER INSURANCE

This form can be completed and e-mailed to us as an attachment directly by going to "File" on the menu bar and then clicking on "Send to" and then "Mail Recipient" addressing it to Wala'a@wala'a.com

1	Name of Proposer :		
	Address :		
	Type of Business :		
2	Address of the building in which the equipment to be insured and stored :		
3	Number of storeys and floor/s in which equipment are stored/used :		
4	Details of construction of the building:		
	a) Roof :		
	b) Walls :		
	c) Flooring :		
5	Has any of the equipment to be insured previously been covered by other insurance companies? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If so, which items of the specification? :	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
		<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
	By which companies? :		
6	State when the insurance is to commence? :	Date : <input style="width: 100%;" type="text"/>	Time: <input style="width: 100%;" type="text"/>
	<i>(Period of insurance to expire at the same date and time next year)</i>		
7	Is all the equipment to be insured new? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If so, which items of the specification are second hand? :	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
		<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

8	Condition of equipment Is the equipment maintained in accordance with the manufacturer's instructions? :	YES <input type="checkbox"/> NO <input type="checkbox"/>
9	Quality of staff Have operators been trained with the manufacturer? :	YES <input type="checkbox"/> NO <input type="checkbox"/>
10	Is there a risk of flood and inundation? : If so, by :	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Bodies of water <input type="checkbox"/> Torrential rainfall <input type="checkbox"/> Sewer backflow <input type="text"/> Others
11	Are dangerous materials used in the vicinity? : If so, specify :	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Acids <input type="checkbox"/> Prepared or sensitized papers
12	Do you require cover in respect of non-return of leased equipments? : (Please attach a specimen copy of the lease Agreement)	YES <input type="checkbox"/> NO <input type="checkbox"/>
13	Was cover in respect of non-return effected before? : If so state the name of the Company :	YES <input type="checkbox"/> NO <input type="checkbox"/>
14	Was there any claim in the past in respect of non-return of leased equipments? : If so, please provide:	YES <input type="checkbox"/> NO <input type="checkbox"/>
	a) Number of Claims :	<input type="text"/>
	b) Amount settled :	SR <input type="text"/>
	c) Amount outstanding :	SR <input type="text"/>

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk.

Date :

Signature:

SPECIFICATION OF ITEMS TO BE INSURED

1	Description of Item *	<input style="width:100%;" type="text"/>					
	Year of Manufacture	<input style="width:50px;" type="text"/>	Name of Manufacturer	<input style="width:100%;" type="text"/>			
	Type & Serial Number	<input style="width:100%;" type="text"/>		Voltage	<input style="width:50px;" type="text"/>	Power input	<input style="width:50px;" type="text"/>
	If Outdoor Lines?	Indicate Length	<input style="width:100%;" type="text"/>		Method of laying	<input style="width:100%;" type="text"/>	
	Remarks*	<input style="width:100%;" type="text"/>					
	If Mobile Equipment?	State Means of Transport	<input style="width:100%;" type="text"/>		Frequency of Transport	<input style="width:50px;" type="text"/>	
	Area of Operation	<input style="width:100%;" type="text"/>			Distance	<input style="width:50px;" type="text"/>	
	Please state if picture or admitter tubes are built in?	Yes	<input style="width:30px;" type="checkbox"/>	No	<input style="width:30px;" type="checkbox"/>	In case of bought equipment, mark "A"	<input style="width:30px;" type="checkbox"/>
					In case of hired equipment, mark "B"	<input style="width:30px;" type="checkbox"/>	
				Replacement Value **	SR	<input style="width:100%;" type="text"/>	
2	Description of Item *	<input style="width:100%;" type="text"/>					
	Year of Manufacture	<input style="width:50px;" type="text"/>	Name of Manufacturer	<input style="width:100%;" type="text"/>			
	Type & Serial Number	<input style="width:100%;" type="text"/>		Voltage	<input style="width:50px;" type="text"/>	Power input	<input style="width:50px;" type="text"/>
	If Outdoor Lines?	Indicate Length	<input style="width:100%;" type="text"/>		Method of laying	<input style="width:100%;" type="text"/>	
	Remarks*	<input style="width:100%;" type="text"/>					
	If Mobile Equipment?	State Means of Transport	<input style="width:100%;" type="text"/>		Frequency of Transport	<input style="width:50px;" type="text"/>	
	Area of Operation	<input style="width:100%;" type="text"/>			Distance	<input style="width:50px;" type="text"/>	
	Please state if picture or admitter tubes are built in?	Yes	<input style="width:30px;" type="checkbox"/>	No	<input style="width:30px;" type="checkbox"/>	In case of bought equipment, mark "A"	<input style="width:30px;" type="checkbox"/>
					In case of hired equipment, mark "B"	<input style="width:30px;" type="checkbox"/>	
				Replacement Value **	SR	<input style="width:100%;" type="text"/>	
3	Description of Item *	<input style="width:100%;" type="text"/>					
	Year of Manufacture	<input style="width:50px;" type="text"/>	Name of Manufacturer	<input style="width:100%;" type="text"/>			
	Type & Serial Number	<input style="width:100%;" type="text"/>		Voltage	<input style="width:50px;" type="text"/>	Power input	<input style="width:50px;" type="text"/>
	If Outdoor Lines?	Indicate Length	<input style="width:100%;" type="text"/>		Method of laying	<input style="width:100%;" type="text"/>	
	Remarks*	<input style="width:100%;" type="text"/>					
	If Mobile Equipment?	State Means of Transport	<input style="width:100%;" type="text"/>		Frequency of Transport	<input style="width:50px;" type="text"/>	
	Area of Operation	<input style="width:100%;" type="text"/>			Distance	<input style="width:50px;" type="text"/>	
	Please state if picture or admitter tubes are built in?	Yes	<input style="width:30px;" type="checkbox"/>	No	<input style="width:30px;" type="checkbox"/>	In case of bought equipment, mark "A"	<input style="width:30px;" type="checkbox"/>
					In case of hired equipment, mark "B"	<input style="width:30px;" type="checkbox"/>	
				Replacement Value **	SR	<input style="width:100%;" type="text"/>	

4	Description of Item *	<input style="width: 100%;" type="text"/>			
	Year of Manufacture	<input style="width: 50px;" type="text"/>	Name of Manufacturer	<input style="width: 150px;" type="text"/>	
	Type & Serial Number	<input style="width: 150px;" type="text"/>		Voltage	<input style="width: 50px;" type="text"/>
				Power input	<input style="width: 50px;" type="text"/>
	If Outdoor Lines?	Indicate Length	<input style="width: 100px;" type="text"/>	Method of laying	<input style="width: 100px;" type="text"/>
	Remarks*	<input style="width: 100%; height: 20px;" type="text"/>			
	If Mobile Equipment?	State Means of Transport	<input style="width: 150px;" type="text"/>		Frequency of Transport
Area of Operation	<input style="width: 150px;" type="text"/>			Distance	<input style="width: 50px;" type="text"/>
Please state if picture or admitter tubes are built in?		Yes	<input style="width: 30px;" type="checkbox"/>	No	<input style="width: 30px;" type="checkbox"/>
				In case of bought equipment, mark "A"	<input style="width: 30px;" type="checkbox"/>
				In case of hired equipment, mark "B"	<input style="width: 30px;" type="checkbox"/>
				Replacement Value **	SR <input style="width: 100px;" type="text"/>
5	Description of Item *	<input style="width: 100%;" type="text"/>			
	Year of Manufacture	<input style="width: 50px;" type="text"/>	Name of Manufacturer	<input style="width: 150px;" type="text"/>	
	Type & Serial Number	<input style="width: 150px;" type="text"/>		Voltage	<input style="width: 50px;" type="text"/>
				Power input	<input style="width: 50px;" type="text"/>
	If Outdoor Lines?	Indicate Length	<input style="width: 100px;" type="text"/>	Method of laying	<input style="width: 100px;" type="text"/>
	Remarks*	<input style="width: 100%; height: 20px;" type="text"/>			
	If Mobile Equipment?	State Means of Transport	<input style="width: 150px;" type="text"/>		Frequency of Transport
Area of Operation	<input style="width: 150px;" type="text"/>			Distance	<input style="width: 50px;" type="text"/>
Please state if picture or admitter tubes are built in?		Yes	<input style="width: 30px;" type="checkbox"/>	No	<input style="width: 30px;" type="checkbox"/>
				In case of bought equipment, mark "A"	<input style="width: 30px;" type="checkbox"/>
				In case of hired equipment, mark "B"	<input style="width: 30px;" type="checkbox"/>
				Replacement Value **	SR <input style="width: 100px;" type="text"/>
Total of Replacement Value				SR	<input style="width: 100px;" type="text"/>

* Give particulars of any equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair.

** Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs erection, package material.