



सानिमा जनरल इन्स्योरेन्स लि.

Sanima General Insurance Ltd.

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QUESTIONNAIRE AND PROPOSAL FOR ELECTRONIC EQUIPMENT INSURANCE

1. Name and address of proposer	_____		
Types of business	_____		
Location of equipment to be insured (address o building, storey)	_____		
Structure of building	<input type="checkbox"/> Steel skeleton	<input type="checkbox"/> brickwork	<input type="checkbox"/> concrete <input type="checkbox"/> wood
2. Has any of the equipment to be insured previously been covered by other insurance companies ?	<input type="checkbox"/> yes	<input type="checkbox"/> no	if so, which items of the specification and by which companies.
State when the insurance is to commerce:	Date: _____	Time: _____	Period of the insurance to expire at the same date and time next year.
3. Is all the equipment to be insured new ?	<input type="checkbox"/> yes	<input type="checkbox"/> no	if so, which items of the specification are second-hand ?
What equipment can still be obtained ex works ?	State items of the specification		
4. Condition of equipment	Is the equipment in accordance with the manufacturers' instructions ?		<input type="checkbox"/> yes <input type="checkbox"/> no
5. Quality of staff	Have operators been trained with the manufacturer ?		<input type="checkbox"/> yes <input type="checkbox"/> no
6. Is there a risk of flood and inundation ?	<input type="checkbox"/> yes	<input type="checkbox"/> no	if so, by <input type="checkbox"/> bodies of water <input type="checkbox"/> torrential train
	<input type="checkbox"/> sewer backflow	<input type="checkbox"/> other	
7. Are dangerous materials used in the vicinity ?	<input type="checkbox"/> yes	<input type="checkbox"/> no	if so, by <input type="checkbox"/> acids <input type="checkbox"/> prepared or sensitized papers
	<input type="checkbox"/> lyes	<input type="checkbox"/> test solution	<input type="checkbox"/> developers <input type="checkbox"/> explosives <input type="checkbox"/> isotopes
	<input type="checkbox"/> others		
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(s). It is agreed that the Company reliable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Company undertakes to deal with this information in strict confidence.			
Executed at	this	day of	20
			Signature

Specification of Item to be Insured

Item No.	Description of Items: 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 distance. Please state if picture or admitter tubes are built in.	A 2 B 3	Replacement value: Please states current cost of replacing the equipment by new equipment of the same kind plus freight charged, customs duties, costs of erection, package material.
1. 2. 3.					
Total:					

1. For the Insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed.
2. In the case of bought equipment, mark "A"
3. In the case of hired equipment, mark "B"