



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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ELECTRONIC EQUIPMENT INSURANCE QUESTIONNAIRE AND PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

1.Name of proposer

Postal Address

P.O Box:

Code:

Town:

Contact Telephone

Email Address

Certificate of Incorporation Number

(Attach a copy)

Pin Number

(Attach a copy)

Type of Business

Location of equipment to be insured
(Address of building, storey)

Structure of building

Steel Skeleton ☐

Brickwork ☐

Concrete ☐

Wood ☐

Period of Insurance

From:

To:

2. Has any of the equipment to be insured previously been covered by other insurance companies?

☐ YES

☐ NO

If so, which items of the specification and by which companies?

State when the insurance is to commence

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?

☐ YES

☐ NO

If not, 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 maintained in accordance with the manufacturers' instructions?

☐ YES

☐ NO

5. Quality of staff.

Have operators been trained by the manufacturer?

☐ YES

☐ NO

6. Is there risk of flood and inundation?

☐ YES

☐ NO

If so, by:

a) Bodies of water

b) Torrential Rainfall

c) Sewer Backflow

d) Other

7. Are there dangerous materials used in the vicinity?

☐ YES

☐ NO

If so, specify

a) Acids

b) Test solutions

c) Explosives

d) Prepared or sensitized papers

e) Developers

f) Isotopes

g) Other

Declaration

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.

Executed at this _____ day of _____ 20____

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP

SIGNATURE

DATE

SPECIFICATION OF ITEMS TO BE INSURED

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