	Form No. : F-UW-31 Electronic Equipment Proposal form	Rev. No. 00	Rev. Date 10th July 2015
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KENINDIA INSURANCE COMPANY LIMITED

(Incorporated in Kenya)

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ELECTRONIC EQUIPMENT INSURANCE PROPOSAL

This proposal shall be completed and signed by the proposer. All questions must be answered in full. Please use BLOCK letters or tick as appropriate.

Agency Name _____ Account Number _____

A. PARTICULARS OF PROPOSER

1. Name of Proposer: _____

2. Postal Address: P. O Box _____ Postal Code _____ Town _____

3. Physical Address: _____

4. Telephone Number/s _____ Mobile No. _____

Fax Number _____ Email address _____


5. PIN Certificate Number (Please attach a copy) _____

B. PARTICULARS OF INSURANCE

1. Trade/ Business/Occupation: _____

2. Location of equipment to be insured:

3. Name of building: _____

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4. Location: Plot Number _____ Street/Road _____ Town _____

5. Is there a risk of flooding or water damage? Yes/No

6. If so, please specify _____

Period of Insurance: From:To..... (Both dates inclusive)

C. CONDITION OF THE EQUIPMENT

1. Is the equipment new? Yes/No _____

If not specify please specify the equipment that are second hand?


2. Was the equipment obtained ex works, that is, were all costs from the seller's premises borne by you? Yes/No _____

3. Is the Air Conditioner:

a) Pressurized?

b) Recommended by manufacturer of the equipment?

c) Not necessary

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NOTE. The following type of equipments can be insured.

Computers and allied accessories, Auxiliary equipment like UPS, Voltage stabilizer, Medical, Biomedical, equipment e.g. Laboratory equipment, X-ray Machine, Ultrasound machines, MRI, CAT scan Machines, Audio/visual equipment, Electronic control panels, Telecommunication and navigational equipment, Electronic equipment for research and material testing and similar equipment.

D. MAINTENANCE

1. Is the equipment maintained in accordance with the manufacturer's instructions? Yes/ No

Please give details _____

2. Is there a valid Maintenance Contract in place? Yes/ No

If not, explain how the maintenance is carried out and by whom?

E. QUALITY OF STAFF

1. Have all operators been trained to handle the equipment? Yes/ No

If not, what measures are being taken for reducing operational errors?


F. INSURANCE AND LOSS HISTORY

1. Are you now or have you been insured for this type of Insurance? Yes/No _____

If yes, give name of Insurer and Policy Number _____

2. Have you ever suffered a loss for insurance now proposed? Yes/No

If yes state; Date of Loss _____

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Amount of Loss _____

3. What precautions have you taken to prevent a similar or any other loss occurring?

4. Has any Insurance Company ever;

a) Cancelled your Policy? _____ YES/NO

b) Declined to insure you? _____ YES/NO

c) Declined to renew your Policy? _____ YES/NO

d) Imposed any special terms? _____ YES/NO

e) Declined any claim? _____ YES/NO


If the answer to any of the above is 'YES', please give brief details.

Please state the source of funds for payment of premium for this policy:

Declaration

I / We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal.

I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and _____ Insurance Company Limited.

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Name of Proposer _____ Signature _____

The liability of the Company does not attach until the proposal has been accepted and the premium paid.