

4. Condition of equipment	Is the equipment maintained in accordance with the manufacturers instruction? <input type="checkbox"/> yes <input type="checkbox"/> no
5. Quality of staff	Have operators been trained with the manufacturers? <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 rainfall <input type="checkbox"/> sewer backflow <input type="checkbox"/> others
7. Are dangerous materials used in the vicinity?	<input type="checkbox"/> yes <input type="checkbox"/> no if so, specify <input type="checkbox"/> acids <input type="checkbox"/> prepared or sensitized papers <input type="checkbox"/> yes <input type="checkbox"/> test solutions <input type="checkbox"/> developers <input type="checkbox"/> explosives <input type="checkbox"/> isotopes <input type="checkbox"/> others

We hereby declare that the statements 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 Insurers are liable in accordance with the terms of the 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.

Executed at _____ this _____ day of _____ 20_____

Signature

No liability is undertaken until this Proposal has been accepted by the Company except to the extent of any Official Cover Note issued by the Company.

Specification of Items 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 distances. Please state if picture or admittance 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.
					TOTAL

- * For the insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP Equipment has to be completed.
- * In the case of bought equipment, mark "A".
- * In the case of hired equipment, mark "B".