



An affiliate of VICTORIA MUTUAL

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

Head Office: 36 Duke Street, P.O. Box 170, Kingston, Jamaica, W.I.

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ELECTRONIC EQUIPMENT QUESTIONNAIRE AND PROPOSAL

1. Name and address of proposer
Period of insurance from to
Type of business TRN
Location of equipment to be insured
Structure of building [] Reinforced concrete [] Prefabricated concrete [] Nog [] Wood [] Other

2(a). 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?

2(b). Have you ever sustained any loss? If so, give particulars.

2(c). Has any Company or Underwriter ever declined, cancelled or refused to renew your policy or imposed special terms? [] Yes [] No If so, give full details

3. Are 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 on 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 with the manufacturer? Yes No

6. Is there a risk of flood and inundation? Yes No if so, by bodies of water torrential rainfall
 sewer backflow other

7. Are dangerous materials used in the vicinity? Yes No if so, specify. acids prepared or sensitized papers
 lyes test solutions developers explosives isotopes
 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 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:

Date:

Signature:

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 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.	A2 B3	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.
<p>1. For the Insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed.</p> <p>2. In the case of bought equipment, mark "A"</p> <p>3. In the case of hired equipment, mark "B"</p>					Total

