

MAYFAIR INSURANCE COMPANY LIMITED

8TH FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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ELECTRONIC EQUIPMENT/COMPUTER EQUIPMENT INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Physical location of business _____

Structure of building (tick as appropriate) Steel skeleton Brickwork Concrete Wood

Nature/Type of business _____

Period of Insurance: From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF THE INSURANCE

1. Has any of the equipment to be insured previously been covered by other companies? YES NO

If YES, give details of specification of items and by what companies _____

2. Is all the equipment to be insured brand new? YES NO

If NO, which items of the specification are second-hand _____

What equipment can still be obtained ex-works (second hand)? _____

3. Condition of equipment

Is the equipment maintained in accordance with the manufacturer's instructions?

YES

NO

4. Quality of staff

Have operators been trained with the manufacturer?

YES

NO

5. Is there a risk of flood or inundation?

YES

NO

If YES, what is/are the most likely cause(s) (tick as appropriate)

Bodies of water Torrential rainfall Sewer backflow Other

If Other, give details _____

6. Are dangerous materials used in the vicinity?

YES

NO

If YES, specify (tick as appropriate)

Acids Lyes Test solutions Prepared or sensitized papers
 Developers Explosives Isotopes Other

If Other, give details _____

DECLARATION

I/We hereby declare that the statements made by us in this Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Company is liable 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.

Date of proposal _____ Signature and stamp of proposer _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

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, which shows any signs of repair, or which is exposed to any special risk. In the case of mobile equipment, state means and frequency of transport, areas of operation and distances. State if picture or admitter tubes are built in	A/B *	Replacement value State the current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package material etc.	
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

