

COMPUTER/ELECTRONIC/LOW VOLTAGE EQUIPMENT ALL RISKS PROPOSAL FORM

COVER PROVIDED

Loss of or damage to the equipment insured by any accident or misfortune (subject to the Exclusions named in the policy and Schedule) occurring within the Territorial Limits stated in the Schedule.

TERRITORIAL LIMITS

You may choose to cover items while they are anywhere within one of the following defined areas:

- The Premises
- Islandwide
- West Indies
- Worldwide

ITEMS THAT CAN BE COVERED

- Computer Equipment and its accessories
- Electronic Equipment
- Low voltage Equipment

Items must be insured for the cost of their replacement by new items of the same kind and capacity which means their replacement costs including ordinary freight charges, custom duties and dues, erection/installation costs and cost to site.

If the sum insured is less than the cost of replacement, we will pay only in such proportion as the sum insured bears to the amount required to be insured.

The insurance is subject to the more precise terms of the Policy a specimen of which can be obtained on application.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE USE BLOCK LETTERS

Names of Proposer(s)/Company _____

Date of Birth (individual) _____ mm/dd/yy Marital Status (individual) _____

Profession/Occupation _____

Postal Address _____

Email _____

Telephone Nos. Home _____ Office _____ Cell _____

1. Do you have any policies in force with us? YES NO

If 'YES', please give details

2. Have you ever insured the equipment for ALL RISKS, FIRE, BURGLARY or THEFT Insurance? YES NO

If 'YES', please state the name of all previous insurers

3. Have you or anyone with a financial interest in the items to be insured ever had an insurer:

(a) decline your proposal? YES NO

(b) increase your premium? YES NO

(c) increase your excess? YES NO

(d) refuse to renew your policy? YES NO

(e) cancel your policy? YES NO

If 'YES' to any of these, please state the reasons together with the name(s) of insurer(s) _____

4. Are you the sole owner of the equipment to be insured? YES NO

If 'NO', please give name and address of any Mortgage, Lease or Interested Party Arrangements

5. Do you own any equipment similar to the ones proposed for insurance that you have not listed? YES NO

If 'YES', please state why

6. Period of Insurance from _____ to _____
mm/dd/yy mm/dd/yy

7. What is the use of the equipment proposed for insurance?

- (a) Business
- (b) Private
- (c) Professional purposes

If more than one box above is ticked, please give details _____

8. Please state the Territorial Limits within which the insurance is to apply.

- (a) within your private dwelling only
- (b) within your business premises only
- (c) anywhere in the island
- (d) anywhere in the West Indies
- (e) anywhere in the World

9. Is additional cover required for:

- | | | | Limit Per
Policy Period |
|---|------------------------------|-----------------------------|------------------------------------|
| (a) extra charges for overtime work, night work,
working on public holidays and express freight excluding airfreight | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____ |
| (b) extra charges - airfreight costs | YES <input type="checkbox"/> | NO <input type="checkbox"/> | _____ |

10. In addition, do you wish to insure Loss of Data Media and Regeneration of Data YES NO
If 'YES', please complete the supplementary Proposal Form

11. At what premises is the equipment proposed for insurance usually kept?

12. What is the occupation of the premises?

- (a) Private residence (house/flat) occupied solely by you and your family
- (b) Office under your control
- (c) Other (Describe)

13. How long have you occupied the premises?

14. Who else has access to the premises?

15. To your knowledge

- (a) Has the premises ever been broken into? YES NO
- (b) Have any equipment mysteriously disappeared from within the premises occupied? YES NO

If 'YES', please give details _____

16. Are the premises left unoccupied for any period exceeding 30 days? YES NO

If 'YES', please give details

17. Is the equipment protected whilst kept at the premises mentioned in question (11) above by any of the following?

- (a) Burglar Alarm YES NO
- (b) Grillwork YES NO
- (c) Safe YES NO
- (d) Other YES NO

If 'OTHER', please give details

18. Has any of your equipment sustained any damage in the last three years? YES NO

If 'YES', please give details

Year	Item	Cause of Damage	Cost

19. Do you have a maintenance agreement in force? YES NO

If 'YES', please give details

20. Do you have a separate air conditioning system for your computer equipment? YES NO

If 'YES', please give details

SCHEDULE OF ITEMS TO BE INSURED

PLEASE PROVIDE A DETAILED LIST OF ITEMS TO BE INSURED UNDER THIS POLICY OF INSURANCE

QTY	Description (including Make, Model & Serial Number)	Owned = O Leased = L Rented = R	Year of Manufacture	Sum Insured/ Replacement Cost as new	Territorial Limit <i>Premises, T&T, WI, Worldwide</i>

DECLARATION

I/We wish to effect an insurance with Guardian General Insurance Limited on the Terms, Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented, mis-stated, suppressed or withheld. I/We agree that this Proposal and Declaration shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy to be issued.

Date _____ Proposer's Signature _____
mm/dd/yy

COVER IS NOT VALID UNTIL ACCEPTANCE HAS BEEN ADVISED BY GUARDIAN GENERAL INSURANCE LIMITED.