



شركة الشركاء المتحدون لوساطة التأمين ذ.م.م  
UNITED PARTNERS INSURANCE BROKERS CO. L.L.C

## QUESTIONNAIRE AND PROPOSAL FORM FOR ELECTRONIC EQUIPMENT INSURANCE

<b>1</b>	Name of Proposer :
	Address :
	Type of Business :
<b>2</b>	Address of the building in which the equipment to be insured and stored :
<b>3</b>	Number of storeys and floor/s in which equipment are stored/used :
<b>4</b>	Details of construction of the building:
	a) Roof :
	b) Walls :
	c) Flooring :
<b>5</b>	Has any of the equipment to be insured previously been covered by other insurance companies? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If so, which items of the specification? :
	.....
	.....
<b>6</b>	By which companies? :
	.....
<b>7</b>	State when the insurance is to commence? : Date : <input type="text"/> Time: <input type="text"/>
	(Period of insurance to expire at the same date and time next year)
<b>8</b>	Is all the equipment to be insured new? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If so, which items of the specification are second hand? :
	.....
	.....

8	Condition of equipment				
	Is the equipment maintained in accordance with the manufacturer's instructions?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
9	Quality of staff				
	Have operators been trained with the manufacturer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
10	Is there a risk of flood and inundation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If so, by		<input type="checkbox"/> Bodies of water		
			<input type="checkbox"/> Torrential rainfall		
			<input type="checkbox"/> Sewer backflow		
			<input type="text"/>	Others	
11	Are dangerous materials used in the vicinity?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If so, specify		<input type="checkbox"/> Acids		
			<input type="checkbox"/> Prepared or sensitized papers		
12	Do you require cover in respect of non-return of leased equipments?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	(Please attach a specimen copy of the lease Agreement)				
13	Was cover in respect of non-return effected before?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If so state the name of the Company				
14	Was there any claim in the past in respect of non-return of leased equipments?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If so, please provide:				
	a) Number of Claims				<input type="text"/>
	b) Amount settled	KD			<input type="text"/>
	c) Amount outstanding	KD			<input type="text"/>

**Date :** .....

**Signature:** \_\_\_\_\_

### SPECIFICATION OF ITEMS TO BE INSURED

1	Description of Item *						
	Year of Manufacture		Name of Manufacturer				
	Type & Serial Number			Voltage		Power input	
	If Outdoor Lines?	Indicate Length			Method of laying		
	Remarks*						
	If Mobile Equipment?	State Means of Transport			Frequency of Transport		
	Area of Operation					Distance	
	Please state if picture or admitter tubes are built in?		Yes		No		In case of bought equipment, mark "A"
						In case of hired equipment, mark "B"	
Replacement Value **						KD	

  

2	Description of Item *						
	Year of Manufacture		Name of Manufacturer				
	Type & Serial Number			Voltage		Power input	
	If Outdoor Lines?	Indicate Length			Method of laying		
	Remarks*						
	If Mobile Equipment?	State Means of Transport			Frequency of Transport		
	Area of Operation					Distance	
	Please state if picture or admitter tubes are built in?		Yes		No		In case of bought equipment, mark "A"
						In case of hired equipment, mark "B"	
Replacement Value **						KD	

  

3	Description of Item *						
	Year of Manufacture		Name of Manufacturer				
	Type & Serial Number			Voltage		Power input	
	If Outdoor Lines?	Indicate Length			Method of laying		
	Remarks*						
	If Mobile Equipment?	State Means of Transport			Frequency of Transport		

	Area of Operation			Distance	
	Please state if picture or admitter tubes are built in?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				In case of bought equipment, mark "A"	<input type="checkbox"/>
				In case of hired equipment, mark "B"	<input type="checkbox"/>
			Replacement Value **	KD	<input type="text"/>

4	Description of Item *				
	Year of Manufacture	<input type="text"/>	Name of Manufacturer		
	Type & Serial Number	<input type="text"/>		Voltage	<input type="text"/>
				Power input	<input type="text"/>
	If Outdoor Lines?	Indicate Length	<input type="text"/>	Method of laying	<input type="text"/>
	Remarks*	<input type="text"/>			
	If Mobile Equipment?	State Means of Transport	<input type="text"/>	Frequency of Transport	<input type="text"/>
	Area of Operation	<input type="text"/>		Distance	<input type="text"/>
	Please state if picture or admitter tubes are built in?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				In case of bought equipment, mark "A"	<input type="checkbox"/>
				In case of hired equipment, mark "B"	<input type="checkbox"/>
			Replacement Value **	KD	<input type="text"/>

5	Description of Item *				
	Year of Manufacture	<input type="text"/>	Name of Manufacturer		
	Type & Serial Number	<input type="text"/>		Voltage	<input type="text"/>
				Power input	<input type="text"/>
	If Outdoor Lines?	Indicate Length	<input type="text"/>	Method of laying	<input type="text"/>
	Remarks*	<input type="text"/>			
	If Mobile Equipment?	State Means of Transport	<input type="text"/>	Frequency of Transport	<input type="text"/>
	Area of Operation	<input type="text"/>		Distance	<input type="text"/>
	Please state if picture or admitter tubes are built in?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				In case of bought equipment, mark "A"	<input type="checkbox"/>
				In case of hired equipment, mark "B"	<input type="checkbox"/>
			Replacement Value **	KD	<input type="text"/>

Total of Replacement Value				KD	<input type="text"/>
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\* Give particulars of any equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair.

\*\* Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs erection, package material.