



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

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BRANCH OFFICE

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ELECTRONIC EQUIPMENT INSURANCE PROPOSAL FORM.

This proposal shall be completed and signed by the proposer. All questions must be answered in full. Please use BLOCK letters or tick as appropriate.

Agency name: _____

1. BUSINESS DETAILS

A. Full name of proposer: _____

B. Pin number (please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport _____

(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

Period of insurance: From: _____ To: _____

PARTICULARS OF INSURANCE

1. Trade/ Business/ Occupation:

2. Location of equipment to be Insured:

3. Name of Building:

4. Location: Plot Number _____ Street/road: _____ Town: _____

5. Is there a risk of flooding or water damage? _____ Yes/No

If so, please specify: _____

CONDITION OF THE EQUIPMENT

1. Is the equipment new? _____ Yes/No

If not please specify the equipment that are second hand: _____

2. Was the equipment obtained ex works, that is, were all costs from the seller's premises borne by you? _____

Yes/No

3. Is the Air Conditioner:

a. Pressurized?

b. Recommended by manufacturer of the equipment?

c. Not necessary

NOTE: The following type of equipments can be insured.

Computers and allied accessories, Auxiliary equipment like UPS, Voltage Stabilizer, Medical, Biomedical, equipment e.g. Laboratory equipment, X-ray Machine, Ultrasound machines, MRI, CAT scan machines, Audio/visual equipment, Electronic control panels, Telecommunication and navigational equipment, Electronic equipment for research and material testing and similar equipment.

MAINTENANCE

1. Is the equipment maintained in accordance with the manufacturer's instructions? _____ Yes/No
Please give details: _____
2. Is there a valid maintenance contract in place? _____ Yes/No
If not, explain how the maintenance is carried out and by whom? _____

If Yes, please provide a copy: _____

QUALITY OF STAFF

1. Have all operators been trained on how to handle the equipment? _____ Yes/No
If not, what measures are being taken for reducing operational errors? _____

INSURANCE AND LOSS HISTORY

1. Are you now or have you been insured for this type of insurance? _____ Yes/No
If Yes, give name of Insurer and Policy number: _____
2. Have you ever suffered a loss for insurance now proposed? _____ Yes/No
If Yes state:
Date of Loss: _____ Amount of Loss: _____
3. What precautions have you taken to prevent a similar or any other loss occurring? _____

4. Has any insurance company ever:
 - a. Cancelled your policy? _____ Yes/No
 - b. Declined to insure you? _____ Yes/No
 - c. Declined to renew your policy? _____ Yes/No
 - d. Imposed any special terms? _____ Yes/No
 - e. Declined any claim? _____ Yes/No

If the answer to any of the above is "YES", please give brief details: _____

Declaration

I/We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and Intra Africa Assurance Company Ltd.

Name of Proposer: _____ Signature: _____

The liability of the company does not attach until the proposal has been accepted and the premium paid.