



**Madam Pesa**  
MADAMPESA INSURANCE AGENCY

## Questionnaire and Proposal for Electronic Equipment Insurance No

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1 Name and address of proposer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Type of business \_\_\_\_\_  
Location of equipment to be  
insured (address of building,  
storey) \_\_\_\_\_  
\_\_\_\_\_  
Structure of building (please tick) Steel skeleton ..... Brickwork ..... Concrete ..... Wood .....

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2 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
State when the insurance is to Commence Date ..... Time .....  
Period of the insurance to expire at the same date and time next year

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3 Is all the equipment to be insured new? Yes ..... No ..... If not, which items of the specification are second hand?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What equipment can still be ex works? State items of the specification  
\_\_\_\_\_  
\_\_\_\_\_

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4 Condition of equipment Is the equipment maintained in accordance with the manufacturers' instructions? Yes ..... No .....

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5      Quality of staff      Have operators been trained with the manufacturers?      Yes .....      No .....

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6      Is there a risk of flood or inundation?      Yes .....      No .....      If so, by      bodies of water .....  
Torrential rainfall .....  
Sewer backflow .....  
Other .....

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7      Are dangerous materials used in the vicinity?      Yes .....      No .....      Is so, specify      Acids .....  
Prepared or sensitized papers .....  
.....  
Yes .....      Test solutions .....      developers .....      Isotopes .....  
.....  
Explosives .....      Others .....

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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 form is 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 ..... this ..... day of ..... 19 .....

Signature .....

## Specification of Items to be Insured

Item No	Description of items <sup>1</sup> . 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 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 admittor tubes are built in	A <sup>2</sup> B <sup>3</sup>	Replacement value Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, cost of erection, package material
					<b>TOTAL</b>

1 For the insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed

2 In the case of bought equipment, mark "A"

3 In the case of hired equipment, mark "B"