Industrial and General Insurance Plc

Plot 741, Adeola Hopewell Street, V/Island, Lagos.
P.M.B. 80181, Victoria Island, Lagos.
Tel: +234-1- 6215010-4, Fax: +234-1-2621146
Website: www.iginigeria.com, E-mail: info@iginigeria.com

ELECTRONIC EQUIPMENT / COMPUTER INSURANCE PROPOSAL FORM (CORPORATE)

IMPORTANT: Kindly complete this form carefully and fully, failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:

Contact Address: Line 1

Line 2

Line 3 Town State

Postal Address: Line 1

Line 2

Line 3 Town State

Telephone No.

Mobile / GSM Fax

Email Website

CONTACT PERSON

Name Telephone

E-mail GSM/Mobile

Position Fax

Reporting To

Nature of Business

Industry RC No.

Insurance Required Date From To

Type of Business

Location of Equipment to be insured (Address of building, Storey)

Structure of Building: Steel Skeleton ☐ Brick Work ☐ Concrete ☐ Wood ☐

Has any of the equipment to be insured, previously been covered by any other insurance companies? Yes ☐ No ☐
If so which items of the specification and by which companies

State when the insurance is meant to commence. Date Time
Period of the insurance to expire at the same date and time next year

Is all the equipment to be insured new? Yes ☐ No ☐

If not which item of the specification are second hand?
What equipment can still be ex works?

State item of the specification

Condition of Equipment
Is the equipment maintained in accordance with the Manufacturers instructions? Yes ☐ No ☐

Quality of staff

Have operators been trained with the manufacturers? ☐s ☐No

Is there a risk of flood and inundation? Yes ☐ No ☐
If so, by bodies of water torrential rainfall? Sewer ☐ Back flow ☐ Other

Are dangerous Materials used in the vicinity? Yes ☐ No ☐
If so specify acids prepared or sensitized papers

Lyes test solutions developers Explosive isotopes Others

SPECIFICATION OF ITEMS TO BE INSURED

Item No.	DESCRIPTION OF ITEMS	Year of manufac-ture	REMARKS	A2 B3	REPLACEMENT VALUE
	Please give full and exact description of all equipments, including name of manufacturer, type, serial number, voltage, power input etc. In the case of outdoor lines, indicate length and method of laying.		Give particulars of any part of the equipment to be insured which has a breakdown or failure during the last three years And show any sign of repair in case of mobile equipment, state means and frequency of transport, area of operation and distances. Please state in picture or admitter tubes are built in.		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.

- For additional covers external data media and increased cost of working insurance for data processing (EDP) Equipment, an additional questionnaire has to be completed.
- In the case of bought equipment mark ‘A’

- In the case of hired equipments mark ‘B’

DECLARATION

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 belief complete and true, and we hereby agree that this Questionnaire and Proposal form 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:…….....

IMPORTANT NOTICE

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal
A copy of the Completed Proposal form will be supplied on request.
A copy of the policy form is also available on request for verification prior to completion of the Contact.
No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.

ELECTRONIC EQUIPMENT INSURANCE FORM

Electronic Equipment insurance is an “Accident” insurance on an “all risk” basis covering sudden and unforeseen losses which and materially affect the subject matter insured.

SCOPE OF COVER	ADDITIONAL COVER FOR EDP SYSTEMS	RATING GUIDELINE
Indemnified are losses caused, for example by: ● Fire, lighting, explosion, falling aircraft. ● Smoke, soot, corrosive gasses. ● Water and humidity. ● Short circuits and other electrical fafaults. ● Design, manufacturing, assembly and erection fault, defects in casting and material, workshop errors, bad workmanship. ● Faulty operation, lack of skill, gross negligence. ● Malicious act on the part of the workmen, employ , third parties. ● Burglary. ● Hail. ● Subsidence, Landslide, rockslide, ● Avalanche **Exclusions** ● Wear and Tear ● War or warlike operation, civil commotion of any kind, acts on the parts of striker or locked-out persons. ● Willful act or willful negligence on the part of the insured of his representatives. ● Faults or defects for which a third party is responsible either by law or under contract. ● Failure or interruption of gas water or electricity supplies. ● Aesthetic defects, e. g scratches on painted or vanished surfaces. ● Consequential loss and liability of all kinds.	● Data media insurance: Cover for the material value of the data media and on a first loss basis the cost of restoring lost information. ● Increased cost of worked insurance: In the event of a breakdown, cover for the effect of hiring substitute equipment, additional expenses, and transportation cost. **For rates, Contact Head Office.**	**Sum Insured** The sum insured (S) must always be the replacement value of the insured equipment (cost of the new item plus custom duties, transportation and installation charges). **Rates and deductibles** The premium rate apply to the full scope of cover provided risk conditions are normal. For final rates and deductibles. Contact Head Office. **Loading for mobile equipment** If electronic equipment is used outside the premium rates indicated will be increased by 10%, for X-ray equipment and medical analyzing equipments by 20%.