THE INSURANCE COMPANY OF THE WEST INDIES LIMITED
13 Castle Street, Roseau, Dominica Tel: (767) 440-ICWI (4294)

Questionnaire and Proposal for Electronic Equipment Insurance

Policy No: _____ **Client No:** _____ **Branch:** _____ **Source:** _____

1. Name and address of proposer	
Type of business	
Location of equipment to be insured (address of building, storey)	
Structure of building	☐ steel skeleton ☐ brick work ☐ concrete ☐ wood ☐ other specify
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, and expire	Date: From: To: at 4:00pm.
3. Is all the equipment to be insured new?	☐ yes ☐ no If so, which items of the specification are second-hand?
4. Condition of equipment	Is the equipment in accordance with the manufacturers' instructions? ☐ yes ☐ no
5. Quality of staff	Have operators been trained with the manufacturer? ☐ yes ☐ no
6. Is there a risk of flood and inundation?	☐ yes ☐ no If so, by ☐ bodies of water ☐ torrential rainfall
	☐ sewer blackflow ☐ other
7. Are dangerous materials used in the vicinity?	☐ yes ☐ no If so, specify ☐ acids ☐ prepared or sensitized papers
	☐ yes ☐ test solutions ☐ developers ☐ explosives ☐ isotopes
	☐ others

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 forms 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 and 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 20.....

Signature: _____

Specification of Items to be Insured

ITEM NO.	Description of Items [1] 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 manu-facture	Remarks Give particulars of any part of the equipment to be insured which has had a breakdown or failure during the 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 emitter tubes are built in.	2 A 3 B	Replacement Value Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package material.

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".

Total