



COMPUTER ALL RISK PROPOSAL FORM

PLEASE READ CAREFULLY AND COMPLETE THE SECTIONS WHICH APPLY FULLY

Sections: (NB. Sections II & III can only be insured in conjunction with section I).

- I. Material damage - the computer Hardware and Auxiliaries
- II. Data Media and Data
- III. Additional costs (Extra Expenses)

Agent/Broker:

1. Name & Postal Address of Proposer		2. Telephone/Fax Number	
		Home	
		Business	
		Fax	
3. Address of premises if different from postal address		E-Mail	
		Date of Birth	
		Occupation	
		Social Sec #	
4. Name of Present Insurer:			
Type policy cover:			

SECTION I - MATERIAL DAMAGE LOCATION OF DATA PROCESSING EQUIPMENT

5. Building construction:

Walls:	Floors:	Roof
6. State floor on which computer room is situated		Separate room? Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are the premises exposed to flood?		Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is the ceiling of computer room waterproof?		Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are fire alarm and extinguishment systems and appliances installed in		
a) The Building? Yes <input type="checkbox"/> No <input type="checkbox"/>		
b) The computer area? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide details of equipment		
10. Is the building housing the computer wholly occupied as office premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no state what other activities take place in the building and particularly the computer area		
11. How is the computer section divided from the remainder of the building?		
12. Is the computer space air-conditioned? Yes <input type="checkbox"/> No <input type="checkbox"/>		
13. Give details of the work done by computer		
14. Give details of any standby generating equipment and age.		
15. Loss History		
(a) Have you ever suffered loss or damage previously? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(b) If yes, please state details and amount of Loss:		
16. Is there a maintenance contract in force? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please state details of the type of contract		

N.B. Mechanical/Electrical Breakdown Excluded If No Maintenance Contract Is In Place

17. Is cover required for:

(i.) Expediting costs - overtime/express/airfreight?

Yes ☐ No ☐

Limit: \$

(ii) Removal of Debris?

Yes ☐ No ☐

Limit: \$

18. Is installation located in a special room?

Yes ☐ No ☐

19. Are all data processing units inside the room governed by a master switch?

Yes ☐ No ☐

20. Is room free of combustible material or combustible supports?

Yes ☐ No ☐

21. Is the storage of flammable liquids prohibited in the room?

Yes ☐ No ☐

22. Are adequate carbon dioxide or halon fire extinguishers available in room?

Yes ☐ No ☐

SECTION II - DATA & DATA MEDIA

23. Where is data and data media stored?

24. Type of containers?

25. Are duplicates maintained?

Yes ☐ No ☐

26. Are duplicates kept at same location as originals?

Yes☐ No☐
27. Is insurance required for data media in transit?

Yes☐ No☐ Limit: \$
28. If yes, between how many locations?
29. Is Reconstitution of data possible, if duplicates lost or destroyed?

Yes☐ No☐
30. If yes, briefly describe available documents:

31. Indicate frequency of data generation.

Daily☐ Weekly☐
32. Items to be Insured - Complete Schedule B
33. Have you suffered loss or damage to data media previously?

Yes☐ No☐
34. If yes, briefly describe & indicate amount of loss:

SECTION III - ADDITIONAL COST (OR EXTRA EXPENSES)

35. Details of operating time:

hours a day days a week
36. Space hours (reserve capacity for compensatory purposes)

hours a day days a week

Total hours
37. Briefly describe measures to maintain operations in case of loss

38. Indemnity Period:

months

39. Estimate of expenses & cost for continuing operations for hardware, manpower & miscellaneous per indemnity period:

\$

SUM INSURED: Maximum Indemnity for period of Indemnity: \$

SCHEDULE A (List all main items (hardware including auxiliaries) to be covered)

Description of equipment (Make, Model, Type, Serial No etc.)	Year of make	Date of Acquisition	New or Used	Ownership			Maintenance agreement yes/no	Sum insured (New replacement value)
				Bought	Leased	Rented		
Expediting Costs								
Removal of Debris								

SCHEDULE B (List all data media to be covered)

Estimated No's of	Type of data media	Estimated cost for		Total estimated costs Sum Insured
		Replacement of media	Reconstituting + Regenerating data	
Data Media & Data in Transit between locations				
Total				

TO BE COMPLETED IN ALL CASES

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts, which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to EC Global Insurance Company Limited.

II/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between EC Global Insurance Company Limited and Myself/Ourselves.

Name

Position

Signature

Date.....

Date from which insurance is required

COVERAGE WILL NOT COMMENCE UNTIL E. C. GLOBAL ACCEPTS THIS PROPOSAL.

OFFICE USE ONLY

POLICY NO.:	
COVERGE PERIOD:	
PREMIUM:	