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**Questionnaire and Proposal for
Electronic Equipment Insurance**

1. Name and address of proposer	_____		
Type of business	_____		
Location of equipment to be insured (address of building, storey)	_____		
Structure of building	<input type="checkbox"/> steel skeleton	<input type="checkbox"/> brickwork	<input type="checkbox"/> concrete <input type="checkbox"/> wood
2. Has any of the equipment to be covered previously been covered by other companies?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If so, which items of the specification and by which companies ? _____
State proposed period of the policy	Date :	Time :	Period to be expired at same date and time next year.
3. Is all the equipment to be covered new?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If not, which items of the specification are second-hand? _____
What equipment can still be obtained ex works ?	State items of the specification. _____		
4. Condition of equipment	Is the equipment maintained in accordance with the manufactures instructions?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5. Quality of staff	Have operators been trained with the manufacturer?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6. Is there a risk of flood and inundation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	if so, by <input type="checkbox"/> bodies of water <input type="checkbox"/> torrential rainfall <input type="checkbox"/> sewer backflow <input type="checkbox"/> other _____
7. Are dangerous materials used in the vicinity?	<input type="checkbox"/> yes	<input type="checkbox"/> no	if so, specify <input type="checkbox"/> acids <input type="checkbox"/> prepared or sensitized papers <input type="checkbox"/> yes <input type="checkbox"/> test solutions <input type="checkbox"/> developers <input type="checkbox"/> explosives <input type="checkbox"/> isotopes <input type="checkbox"/> others _____

DECLARATION

- I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.
- I/We hereby undertake to pay the agreed Premium to provide insurance coverage amount..

Signed at: _____

Signature of the Participants: _____

Dated: _____

Name of Signatory: _____

The liability of the Company does not commence until the Proposal has been accepted and the contribution paid. Only official receipt issued from the Company on printed form is binding on the Company