

THE HERITAGE INSURANCE COMPANY LIMITED

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PROPOSAL FORM FOR ELECTRONIC EQUIPMENT INSURANCE

IMPORTANT: All questions must be fully answered. A tick or dash is not sufficient.

Full Name of Proposer

Postal Address **Profession or Trade:**

Telephone No: **E-mail Address:** **Fax No:**

PIN No:..... **Period of Insurance: From** **To :**

Location of equipment to be insured (address of building, storey)

Structure of building Steel skeleton Brickwork Concrete Wood

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.

3] Is all the equipment to be insured new? Yes No If no, 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 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

7] Are dangerous materials used in the vicinity? Yes No. If so, specify. Acids prepared or sensitized papers
 lyes 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 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

Date

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 manufacture	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 admitter tubes are built in.	A ² B ³	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 materials.

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

Additional Questionnaire for the Insurance of Electronic Data Processing (EDP) System.

1] **Name and address of proposer** -----
 Type of business -----

2] **EDP system** If the system is rented, state monthly rent: -----
 Date of start of operation: Operational Hours: per day in shifts -----
 Name and address of manufacturer and/or lessor -----

 What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system? Please furnish copy of lease contract if available. -----

3] **Housing of the EDP system** Central Unit: basement ground floor floor
 Peripheral Unit: basement ground floor floor
 Total value of plant located In basement: on ground floor
 Installation On floor on floor
 in accord with the manufacturer's recommendations or instructions? Yes No
 If not, specify deviations from instructions: -----

Fire prevention measures fire-resistant walls and ceilings fire-resistant wall and ceiling openings (door)
 smoke-proof and fire-resistant smoke and heat venting systems.
 Others -----

Fire detection facilities smoke detectors heat detectors optical detectors push button fire alarms
 Fire alarms by telephone supervision by guards others

Fire-fighting facilities portable fire extinguishers filled with CO² halon powder water
 Wall hydrants with connected hose and steel pipe
 Sprinklers CO² flooding system halon flooding system
 Others -----

Supply Lines in the EPD rooms yes no If so, specify central heating lines steam lines
 Water lines gas lines

Supply lines in the rooms above
The EDP rooms

yes no If so, is the ceiling waterproof? yes no

Vibrations of building

yes no If so, due to road traffic nearby railway lines
 Blasting other causes

Possibility of explosions within
30m of the EDP system

yes no If so, specify heating fuel tank paint shop
 filing station welding shop storage of highly inflammable materials.
 other

4] EDP systems located in
Inundation-prone areas

Has the building already been inundated? yes no

If so, how often Period of observation years

Has the EDP system already been affected by inundations?

If so, how often? Period of observation: years

Maximum claims amount:

State the return periods of the events that led to damage to the EDP system:

5 years 10 years 20 years 50 years 75 years more than 75 years

Are there watercourses above the level of the basement of the building? yes no

If so, state distance between normal (highest registered)

Level of watercourse and level of basement: () m.

Watercourse is regulated by dam dike other

Have any dam or dike breaches occurred in the past?

If so, how often? Period of observation:

Protective measures

Is there a flood/hurricane tide warning service? Yes no

Possible safety measures:

5] For EDP systems located in
Earthquake-prone area

Has any damage occurred to the building housing the
EDP system due to earthquakes or earth shocks? Yes no

If so, how often? Period of observation

Type of damage cracks partial collapse total collapse

Has the EDP system already been affected by earthquakes?

If so, how often? Period of observation:

Maximum claims amount:

Collision of equipment

In the column "Remarks" of the specification of the "Questionnaire and Proposal for
Electronic Equipment Insurance", please mark with an "E" those parts of the EDP system
which have been installed in such a manner that they may fall or collide with other objects
if vibrations due to earthquakes occur.

Manner in which the EDP
System has been installed

On vibration absorbers on rollers by rigid anchoring without anchoring

6. Air-conditioning plant

prescribed recommended by the manufacturer

used for EDP system only

by the manufacturer by

Loss prevention

Is the air-conditioning plant shut off automatically by Limit switches if the normal control facility fails?

Yes, in the case of excessive temperature moisture no

Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure?

yes, optical acoustic signals in the case of presence of corrosive gases,

Excessive temperatures moisture no

Are adequate loss prevention measures initiated immediately even if the above protective devices are actuated outside operational hours?

yes no

7. External data media. Please answer the following questions only if insurance is desired.

Air-conditioning

Risk-aggravating Circumstances in Storage rooms

Is insurance protection Required during transport of the data media?

Mark those data media which are stored in the same hazard zone as the EDP system with an "A" in the column "Location" of the specification; mark data media stored in another hazard zone with a "B".

Storage on wooden shelves in steel cabinets in fire-proof cabinets

together with EDP system. If not, how is air-conditioning effected?

steam and water lines vibrations acidic atmosphere

State safety measures against fire:

Distance between EDP system and storage location:

Transport means:

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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 the terms of the policy only and that the Insured will not lodge any other claims of whatever nature.

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Executed at

this

day of

2006

Signature

E-HAII 2008

Specification of External Data Media

Data media insured

Restoration of data insured

Item No	Qty	Type of data media Magnetic disc, magnetic cards, punched cards, paper tapes, magnetic account cards, plain text forms	Type of data media stored historical data, variable data	Location*	Material Value	Restoration source	Location of restoration	Estimated cost of restoration
						TOTAL		