

MAYFAIR INSURANCE COMPANY TANZANIA LIMITED

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ELECTRONIC EQUIPMENT/COMPUTER EQUIPMENT INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable. Name of Agent/Broker

PARTICULARS OF THE PROPOSER

Name of the prop	oser (in full)		
Postal Address	P.O. Box	Town	
	Telephone		
Physical location of	of business		
Structure of buildi	ng (tick as appropria	te) 🚺 Steel skeleton 🔲 Brickwork 🔲 Concrete 🔲 Wood	
Nature/Type of bu	usiness		
Period of Insurance	e: From	То	
TIN/VRN Number			
PARTICULAR	S OF THE INSU	JRANCE	
		nsured previously been covered by other companies? YES	NO
2. Is all the equipr If NO, which items		d brand new? YES	NO
What equipment o	can still be obtain	ed ex-works (second hand)?	
3. Condition of eq Is the equipmer	•	ccordance with the manufacturer's instructions? YES	NO

4. Quality of staff Have operators been	trained with the manufactur	rer?		YES	NO
	e most likely cause(s) (tick as a		_	YES	NO
Bodies of water If Other, give details _	Torrential rainfall		-	Other	
6. Are dangerous materia	als used in the vicinity?			YES	NO
6. Are dangerous materia If YES, specify (tick as a				YES	NO
-		Test solutions		YES Prepared or sensitized p	
If YES, specify (tick as a	ppropriate)	Test solutionsIsotopes			
If YES, specify (tick as a Acids Developers	ppropriate)	Isotopes		Prepared or sensitized p	
If YES, specify (tick as a Acids Developers	ppropriate) Lyes Explosives	Isotopes		Prepared or sensitized p	
If YES, specify (tick as a Acids Developers	ppropriate) Lyes Explosives	Isotopes		Prepared or sensitized p	
If YES, specify (tick as a Acids Developers	ppropriate) Lyes Explosives	Isotopes		Prepared or sensitized p	

DECLARATION

I/We hereby declare that the statements made by us in this Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Company is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Company undertakes to deal with this information in strict confidence.

Date of proposal ______ Signature and stamp of proposer ______

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

	Replacement value State the current cost of replacing the equipment by new equipment of the same kind plus freight charges, customs duties, costs of erection, package material etc.		
	A/B *	TOTAL	
	Remarks Give particulars of any part of the equipment to be insured which has had a breakdown or failure during the last three years, which shows any signs of repair, or which is exposed to any special risk. In the case of mobile equipment, state means and frequency of transport, areas of operation and distances. State if picture or admitter tubes are built in	F	l questionnaire for EDP equipment has to be completed. nent, mark B
	Year of manufacture) equipment, an additional questionnair In the case of hired equipment, mark B
Specification of items to be insured	Description of items 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		 For the insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed. In the case of bought equipment, mark A;
Specifica	ltem No.		* For * In th

FOR OFFFIAL USE ONLY

Branch	Policy No.	Currency	Declaration No.	Type of plant

Specification of **electronic equipment/computer equipment** insured

Item No	Description of machinery (type, manufacturer, serial no, e.t.c)	Deductible(excess)	Sum Insured
	Τ	OTAL SUM INSURED	