



**PEOPLE'S INSURANCE PLC**  
**(Company No. PB 3754)**  
**No.07,Havelock Road,**  
**Colombo 05.**  
**Tel: (011) 2206406 Fax: (011) 2206399**

**QUESTIONNAIRE AND PROPOSAL FOR ELECTRONIC EQUIPMENT INSURANCE**

1.	Name and address of proposer : ..... If you are an individual      NIC No : .....  If an organization      Registration .No : ..... Type of business : ..... Location of equipment to be insured:..... (address of building, store)
	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 insured <input type="checkbox"/> Yes <input type="checkbox"/> No previously been covered by other Insurance companies? if so, which items of the specification and ..... by which companies?  State when the insurance      Date:      Time: 4.00p.m.      period of the insurance to expire is to commence      at the same date and time next year.
3.	Is all the equipment to be insured 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 <input type="checkbox"/> Yes <input type="checkbox"/> No manufactures' instructions?
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 an 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 <input type="checkbox"/> Yes <input type="checkbox"/> No used in vicinity ? If so, by <input type="checkbox"/> acids <input type="checkbox"/> prepared or sensitized papers <input type="checkbox"/> dyes <input type="checkbox"/> test solutions <input type="checkbox"/> developers <input type="checkbox"/> explosives <input type="checkbox"/> isotopes <input type="checkbox"/> others
8.	Do you require any of the following extensions?  <div style="display: flex; justify-content: space-between;"> <div>           Strike and Riots            Terrorism            Transit         </div> <div> <input type="checkbox"/> Yes      <input type="checkbox"/> No  <input type="checkbox"/> Yes      <input type="checkbox"/> No  <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div> </div>
<b><u>Declaration</u></b>  <ul style="list-style-type: none"> <li>• I/We declare that to the best of my / our knowledge and belief the information given is true in every respect and if such statements are in the writing of another person, he/she acted as my / our agent for such purpose.</li> <li>• I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company.</li> </ul> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Date :.....</div> <div>Proposer's Signature .....</div> </div> <div style="margin-top: 10px;">Business Channel</div>	

## **Specification of Items to be Insured**

Item No	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 out door 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.	A2 B2	Replacement value Please state current cost Replacing the equipment by new equipment of the same kind plus freight charges, customs duties, cost of erection, package material

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- 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".

**Date :.....**

**Proposer's Signature .....**