

**Guidelines to Fill the Form**

1. Please use BLOCK CAPITALS and tick YES or NO where appropriate and initial any amendments.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A". We will take unanswered question as No.
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
4. Kindly contact the Company's Office or authorized representative for any doubts or clarifications on the proposal form.
5. The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid or agreed to be paid.
6. All amount should be expressed in SAR

**Questionnaire for the Insurance of  
Electronic Equipment Insurance Proposal Form**

Number \_\_\_\_\_

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: <input type="checkbox"/> basement <input type="checkbox"/> ground floor <input type="checkbox"/> floor
	Peripheral unit: <input type="checkbox"/> basement <input type="checkbox"/> ground floor <input type="checkbox"/> floor
Total value of plant located	in basement: on ground floor:

	on floor	on floor
Installation	In accord with the manufacturer's Recommendations or instructions? <input type="checkbox"/> yes <input type="checkbox"/> no	
	If not, specify deviations from instructions:	
Fire prevention measures	<input type="checkbox"/> fire-resistant walls and ceilings <input type="checkbox"/> fire-resistant wall and ceiling openings (doors)	
	<input type="checkbox"/> smoke-proof and fire-resistant sealing of cable shafts <input type="checkbox"/> smoke and heat venting systems	
	<input type="checkbox"/> others	
Fire detection facilities	<input type="checkbox"/> smoke detectors <input type="checkbox"/> heat detectors <input type="checkbox"/> optical detectors <input type="checkbox"/> push button fire alarm	
	<input type="checkbox"/> Fire alarm by telephone <input type="checkbox"/> supervision by guards <input type="checkbox"/> others	
Fire-fighting facilities	<input type="checkbox"/> portable fire extinguishers filled with <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> halon <input type="checkbox"/> powder <input type="checkbox"/> water	
	<input type="checkbox"/> sprinklers <input type="checkbox"/> CO <sub>2</sub> flooding system <input type="checkbox"/> halon flooding system	
	<input type="checkbox"/> others	
Supply lines in the EDP rooms	<input type="checkbox"/> yes <input type="checkbox"/> no If so, specify <input type="checkbox"/> central heating lines <input type="checkbox"/> steam lines	
	<input type="checkbox"/> Water lines <input type="checkbox"/> gas lines	
Supply lines in the rooms above the EDP rooms	<input type="checkbox"/> yes <input type="checkbox"/> no If so, is the ceiling waterproof? <input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> yes <input type="checkbox"/> no If so, due to <input type="checkbox"/> road traffic <input type="checkbox"/> nearby railway lines	
	<input type="checkbox"/> blasting <input type="checkbox"/> other causes	
4. For EDP systems located in inundation-prone areas	Has the building already been inundated? <input type="checkbox"/> yes <input type="checkbox"/> no	
	If so, how often? Period of observation: _____ years	
	Has the EDP system already been affected by inundations? <input type="checkbox"/> yes <input type="checkbox"/> no	
	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: <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 20 years <input type="checkbox"/> 50 years <input type="checkbox"/> 75 years <input type="checkbox"/> more than 75 years
	Are there watercourses above the level of the basement of the building? <input type="checkbox"/> yes <input type="checkbox"/> no
	If so, state distance between normal (highest registered) level of watercourses and level of basement: ( ) m
	Watercourse is regulated by <input type="checkbox"/> dam <input type="checkbox"/> dike <input type="checkbox"/> other
	Have any dam or dike breaches occurred in the past? <input type="checkbox"/> yes <input type="checkbox"/> no
	If so, how often? Period of observation:
	Is there a flood/hurricane tide warning service? <input type="checkbox"/> yes <input type="checkbox"/> no
	Possible safety measures:  
5. For EDP system located in earthquake-prone area	Has any damage occurred to the building housing the EDP system due to earthquakes or earth shoks? <input type="checkbox"/> yes <input type="checkbox"/> no
	If so, how often? Period of observation:
	Type of damage: <input type="checkbox"/> cracks <input type="checkbox"/> partial collapse <input type="checkbox"/> total collapse
	Has the EDP system already been affected by earthquakes? <input type="checkbox"/> yes <input type="checkbox"/> no
	If so, how often? Period of observation:
	Maximum claim 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	<input type="checkbox"/> on vibration absorbers <input type="checkbox"/> on rollers <input type="checkbox"/> by rigid anchoring <input type="checkbox"/> without anchoring
6. Air-conditioning plant	<input type="checkbox"/> prescribed <input type="checkbox"/> recommended by the manufacturer
	<input type="checkbox"/> used for EDP system only
Maintenance	<input type="checkbox"/> by the manufacturer <input type="checkbox"/> by
Loss prevention	Is the air-conditioning plant shut off automatically by limit switches if the normal control facility fails?

	<input type="checkbox"/> yes, <input type="checkbox"/> optical <input type="checkbox"/> acoustic signals in the case of <input type="checkbox"/> presence of corrosive gases,		
	excessive <input type="checkbox"/> Temperatures <input type="checkbox"/> moisture <input type="checkbox"/> no		
	Are adequate loss prevention measures initiated immediately even if the above Protective devices are actuated outside operational hours?		
	<input type="checkbox"/> yes <input type="checkbox"/> no		
7. External data media. Please answer the following questions only if insurance is desired.	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 <input type="checkbox"/> on wooden shelves <input type="checkbox"/> in steel cabinets <input type="checkbox"/> in fire-proof cabinets		
Air-conditioning	<input type="checkbox"/> Together with EDP system, if not, how is air-conditioning effected?		
Risk-aggravating circumstances in the storage rooms	<input type="checkbox"/> Steam and water lines <input type="checkbox"/> vibrations <input type="checkbox"/> acidic atmosphere		
	State safety measures against fire:		
is insurance protection required during transport of the data media.	Distance between EDP system and storage location:		
	Transport means:		
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 undertake to Questionnaire and Proposal information Form 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	The Insurers deal with this in strict confidence.
Executed at	this	day of	2007.
Signature			

Specification of External Data Media								
Date Media Insured				Restoration of data Insured				
Item No.	Quantity	Type of Data Media Eg. :Magnetic Dics, Magnetic Tapes, Magnetic Cards, Magnetic Accounts Cards, Plain Text Form	Type of Data Media Stores	Location *	Market Value	Restoration Source e.g. duplicates in the form of magnetic tapes, accounting, documents, information from customers & suppliers	Location of Restoration Source	Estimated Cost of Restoration
*see question 7				Total		Total		