

QUESTIONNAIRE and PROPOSAL for
ELECTRONIC EQUIPMENT INSURANCE
 No.



PT. (Persero) Asuransi Ekspor Indonesia
Indonesia Export Credit Insurance
 Cabang Jakarta
 Gd. Adhi Graha Lt. 18, Jl. Jend. Gatot Subroto Kav. 56, Jakarta 12950
 Tel. (62-021) 5277979 Fax: (62-021) 5793 0682, 5793 0683

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 on the equipment to be insured previously been covered by other insurance companies ?	<input type="checkbox"/> yes <input type="checkbox"/> 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?	<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 manufacturers' 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

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 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 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. Which 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, custom duties, costs of re-erection, package material.

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 hires equipment, mark "B"