



Electronic Equipment Questionnaire

IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

A. BROKER DETAILS

Broker Name

Contact Person

Tel

Fax

Email

B. INSURED

Business Name

Postal Address

Description of Business

VAT Number

Company Registration

C. SCHEDULE OF EQUIPMENT

NB: If the following space is insufficient you may provide a separate list of equipment.

Description	Sum Insured New Replacement Value
	R
	R
	R
	R
	R

Please provide details of Power Surge Protection Measures in place

Please provide details of Anti-theft, Security & Fire Prevention measures in place

INCREASED IN COST OF WORKING (ICOW)

Cover required Yes No

Limit of Indemnity

Indemnity Period

RE-INSTATEMENT OF DATA (ROD)

Cover required Yes No

Limit of Indemnity

Indemnity Period

SASRIA

Cover required Yes No

PREVIOUS INSURANCE

Name of Insurer

Claims Experience / Details

D. GENERAL COMMENTS

POPI CONSENT AND DECLARATION

Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Date

Signed by insured
