CONSORT
TECHNICAL UNDERWRITERS

TRUSTED ENGINEERING INSURANCE

Electronic Equipment (EEI) Insurance

Proposal Form

Contents

Please note that ALL FIELDS are mandatory in respect of sections required. Incomplete fields / sections may compromise Underwriters ability to present terms, conditions and / or quotation.

1. **BROKER / AGENT INFORMATION**
2. **PROPOSER INFORMATION**
3. **TOP RISK ADDRESS(ES) INFORMATION**
4. **MATERIAL DAMAGE**
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7. **GENERAL INFORAMTION**
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9. **DECLARATION & POPI CLAUSE**

Currency & VAT

CURRENCY SELECTOR:	Rands	R	◯	**VAT:**	Included	◯
	US Dollars	$	◯		Excluded	◯
	Euros	€	◯		Zero Rated	◯

Broker / Agent Information

Broker Name:		FAIS No:	
Branch Name:			
Consort Agency Number:			
Broker Contact Person:			
Tel No:		Fax No:		E-mail Address:	

Proposer Information

Proposer's Name:

Type of Business:

Postal Address:

Physical Address:

Postal Code:

Postal Code:

Contact Person:

Tel No:

Fax No:

Cell No:

E-mail Address:

Proposer's VAT Number:

Proposer's Company Registration Number:

Holding Company Details:

Financial Year End:

Commencement Date of Business:

* Annual Turnover:

*** For PPR Purposes**

Top Risk Address(es) Information

Risk Address (A):	
Risk Address (B):	
Risk Address (C):	
Risk Address (D):	
Risk Address (E):	

Material Damage

Schedule of equipment (a detailed list of equipment to be supplied)

Risk Premises						
	A	B	C	D	E	OTHER
Hardware						
Software						
Laptops						
Office Equipment						
Secuirty Equipment						
Other Equipment						

Consequential Loss

Reinstatement of Data:	
Increase in Cost of Working:	
Indemnity Period (months):	
Claims Preparation:	

Extensions of Cover

Telkom Communication Lines: ◯ Yes ◯ No

Transit of Insured Equipment: ◯ Yes ◯ No

General Information

Are the premises protected by a functional burglar alarm system? ◯ Yes ◯ No

Please comment on the Fire Protection Systems (e.g. smoke detection, halon, etc.)	
Please comment of the regularity with which data back-ups are performed:	
Please comment on the age of the equipment:	
Availability of replacement of components:	
Is the equipment subject to a regular maintenance contract?:	

Previous Insurance

Are you insured or ever been insured against any of the risks now proposed? ◯ Yes ◯ No

If yes, provide details:

Company:

Policy Number:

Has any company / insurer ever:

Declined any proposal? ◯ Yes ◯ No

Refused to renew your policy? ◯ Yes ◯ No

Cancelled any policy? ◯ Yes ◯ No

Imposed special terms? ◯ Yes ◯ No

If so, please provide details:

Claims Experience / Details for the last 3 years:

Declaration

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 information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.

POPI Clause

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the Insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the Insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

Date: Name of authorised signature:

Submit via E-mail Print Form Clear Form

* Please note that for this document to be deemed authentic, it must be sent from a nameserver (e.g. person@yourcompany.co.za) and not a web based e-mail service

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Consort Technical Underwriting Managers (Pty) Ltd is an Authorised Financial Service Provider (FSP No 2273)