



COMPUTER ALL RISKS INSURANCE
QUESTIONNAIRE AND PROPOSAL FORM FOR ELECTRONIC DATA PROCESSING EQUIPMENT

Proposal No. _____ Policy No. _____

The Insurers undertake to handle this information strictly confidentially.

Fill in and cross where applicable.

1 Risk identification

10 Proposer/Insured _____

11 Address _____

12 Location of installation _____

2 General information

20 Computer configuration and lay-out of computer room

200 yes no Forms as per paras 8 and 9 filled in ?

21 Equipment owned?

210 yes no Forms as per para 8 filled in ?

22 Equipment installed to manufacturers' recommendations ?

220 yes no

→ briefly indicate reasons _____

3 Protective measures

30 Building construction

300 yes no fire resistant and non-combustible material such as concrete, bricks, steel etc.

301 yes no mixture of combustible and fire resistant materials e.g. concrete and wood etc.

302 yes no combustible materials e.g. wood, plastics etc.

31 Computer room construction

310 yes no non-combustible materials only

→ list materials _____

32 Fire detecting and fire fighting equipment

320 yes no smoke or fire detectors

321 yes no security patrols during off-hours

322 yes no sprinklers

323 yes no carbon dioxide extinguishing system

324 yes no halon extinguishing system

33 Access to computer room

330 yes no Access restricted to EDP personnel

331 yes no Entrance without identification (security check) for other persons possible

4 Service and maintenance

40 Maintenance contract

400 yes no Maintenance agreement in force

→ Conclude maintenance agreement otherwise exclusion of mechanical/ electrical breakdown compulsory

→ Mark type of contract agreement:

401 yes no Spot inspections and/or adjustments against charge

402 yes no Periodic inspections and/or adjustments against annual fee. Malfunctions repaired on request and charged extra

403 yes no Periodic inspections and/or adjustments, repair of malfunctions including parts against annual service charge

404 yes no Other arrangements

→ please describe _____

5 Ancillary equipment
(Fill in only if coverage requested and equipment listed in schedule)

50 Airconditioning

- 500 yes no Separate airconditioning system for EDP equipment
501 yes no System serviced regularly
→ please describe essentials of service contract or organisation

51 Emergency power supply

- 510 yes no Batteries
511 yes no Diesel or gas turbine stand-by unit(s)

6 Miscellaneous

60 Loss history

- 600 yes no Have you suffered damage to hardware previously ?
→ please describe cause and extent of damage and indicate amount of loss

61 Insurance period

610 from _____ to _____ 19____

611 Long term agreement _____ Years

62 Excess

620 Indicate excess requested _____

621 Options requested: _____

7 Extent of coverage

70 All risks cover requested:

yes no

700 Exclusions requested:

- 701 yes fire, lightning, explosion
702 yes rain, water, inundation
703 yes storm, typhoon and hurricane
704 yes theft
705 yes burglary
706 yes mechanical and electrical breakdown
707 _____
708 yes _____
709 yes _____

710 Extensions requested:

- 711 yes expediting costs
712 yes airfreight cost with limit (1st risk): _____
713 yes riot and strike
714 yes earthquake and seismic activities
715 yes _____
716 yes _____

9 Lay-out of computer room

90 Please enclose corresponding lay-out plans. If not available draw in equipment to proper scale as well as windows, doors, wall thickness etc.

Scale: 1 cm corresponds to _____

We hereby declare that the statements made by us in the Questionnaire(s) are complete and true to the best of our knowledge and belief and we hereby agree that the Questionnaire(s) shall form the basis and be part of any Policy or Policies, issued in connection with the above risk or risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claim of whatever nature.

Place _____ Date _____

Signature _____

COMPUTER ALL RISK INSURANCE

QUESTIONNAIRE AND PROPOSAL FORM FOR LOSS OF DATA AND DATA MEDIA



Proposal No. _____ Policy No. _____

The Insurers undertake to handle this information strictly confidentially

Fill in and cross where applicable

1 Risk identification

10 Proposer / Insured _____

11 Address _____

12 Location of installation _____

2 Storage, protection and handling of data media

20 Data media stored outside of computer room?

yes no

→ describe location _____

21 Duplicates of data media stored outside of computer room?

yes no

→ describe location _____

22 Data media protected against

220 yes no fire and heat

221 yes no moisture

222 yes no theft

→ briefly describe protection _____

23 Duplicates of data media protected in a similar manner as above?

yes no

24 Reconstitution of data possible if duplicates lost or destroyed?

yes no

→ briefly describe available documents _____

25 Indicate frequency of data generation

daily weekly monthly

26 Data media in circulation to be insured?

yes no

→ indicate sum insured _____

3 Amendments to coverage

30 Are specific hazards to be excluded?

yes no

301 → fire and allied perils

302 → burglary

303 → theft

304 → water damage

4 Miscellaneous

40 Have you suffered damage to data media previously?

yes no

→ please describe extent of damage and indicate amount of loss

41 Insurance period

410 from _____ to _____ 19____

411 long term agreement _____ years

42 Excess

420 Indicate excess requested _____

421 Options requested _____

5 List of Data Media

List all data media to be covered for each location

Indemnity

Location and estimated Quantity	Type of data media	Limits of Indemnity Estimated cost for		Combined Limit of Indemnity Total estimated costs (Sum Insured)
		Replacement of media	Replacement of Regeneration of data	
Data media in transit				
Total Sum Insured Aggregate Limit of Indemnity				

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Place

Date

Signature

COMPUTER ALL RISK INSURANCE

QUESTIONNAIRE AND PROPOSAL FORM FOR ADDITIONAL COSTS



Proposal No _____ Policy No _____

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Fill in and cross where applicable

1 Risk identification

- 10 Proposer / Insured _____
 11 Address _____
 12 Location of installation _____

2 Details of operating hours

- 20 Normal working hours
 200 8 hours a day 205 5 days a week
 201 16 hours a day 206 6 days a week
 202 24 hours a day 207 7 days a week
 203 ___hours a day 208 _ days a week

3 Spare hours (reserve capacity for compensatory purposes)

- 300 ___hours a day 305 _days a week
 301 306

4 Measures to maintain EDP operations in case of loss

- 40 Brief description of arrangements foreseen in following situation
 400 Output reduced by 20% _____
 401 Output reduced by 50% _____
 402 Output reduced by 80% or more _____
 403 Indicate name and address of company which will continue EDP operations (substitute equipment) _____
 404 Indicate and outline their computer configuration _____
 405 Test runs performed? yes no
 406 Software compatible without modifications? yes no

5 Indemnity period, time excess and insurance period

50 Table for time excess and indemnity period

500	Time excess (working days)	510	Indemnity period (months)	520	Insurance period (months)
501	2	511		521	from _____
502	3	512	3	521	to _____
503	5	513	6	522	Long term agreement
504	10	514	9		_____ years
505	15	515	12		
506	20	516			
507	30				
508					

6 Expenses and costs for continuing EDP operations
 60 Daily expenses for hardware, manpower and miscellaneous

		Output reduced by		
		20%	50%	80% and more
600	Hardware			
601	Rent of equipment			
602				
603				
610	Manpower			
611	Wages			
612	Increases due to overtime etc.			
613				
614				
620	Miscellaneous			
621	Transportation costs for material			
622	Travelling expenses of personnel			
623	Sundry expenses			
624				
630	Total amount per working day			
640	Total amount per working year			

7 Sums Insured

70 Annual sum insured / Annual aggregate limit of indemnity
 (should correspond to total amount per working year of 640) _____

701 Maximum indemnity per working day _____

702 Maximum indemnity for period of indemnity _____

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Place _____ Date _____

Signature _____