

BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED

COMPUTER INSURANCE PROPOSAL

AGENCY: _____

UNDERWRITER: _____

PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION ON THE FORM

No Insurance is in force until the proposal has been accepted by Bahamas First General Insurance Company Ltd.

1. Name: _____	
Postal Address: _____	E-mail Address: _____
Telephone Nos. Work _____	Home _____ Cell _____
Trade or Business: _____	
Period of Insurance: From: _____ To: _____	

SECTION I – Loss or Damage to Computer Installation

(Details of installation must be completed)

2. Give details of individual units of computer installation

Description	Owned or hired	Quantity	Manufacturer	Type	Identification Number	Date of make	Sum Insured

3. Is installation in any way manufactured or adapted to meet your requirements? Yes No
 If so, please give full details

4. Do you wish to include cover for: -

a) Air Conditioning Equipment (including Trunking)? Yes No

b) Electrical Generating Equipment (including supply cable) used solely for the purpose of the Computer Installation? Yes No

SECTION (I A) – Loss or Damage to Computer System Records

5. Give details of Computer Systems Records

Magnetic tapes, disks or disk packs and other Systems Records (please specify each)	Quantity	Media insured as unused material only Sum Insured	Media insured inclusive of cost of reinstating information thereon Sum Insured	Limit per tape/disk*

* Figures should allow for additional costs (overtime, work at other locations) which may be incurred in excess of original production costs.

SECTION II

6. Please complete section applicable to insurance required:-

a) Additional Cost of Working Insurance Maximum amount recoverable each month	<input type="text"/>
b) Loss or Revenue Anticipated annual revenue from computer operations	<input type="text"/>
c) Auditors Charges If cover required, please state amount to be insured	<input type="text"/>
Indemnity Period required	<input type="text"/> Months
Excess required (minimum monetary equivalent of 24 hours) Additional Cost Basis only	<input type="text"/>

7. a) Is the electricity supply from a grid? Yes No
- b) Are the cables underground or overhead?
8. Do you wish to include loss following failure of Air Conditioning Equipment and/or Electricity Generating Equipment/

General

9. In the building housing the Computer, what is the construction of:-

a) walls?

b) roof?

c) floors?

10. State the floor on which the Computer installation is situated

11. Is the situation exposed to flood? Yes No
If so, assessment of exposure

12. Is the ceiling of Computer room waterproof? Yes No

13. What fire alarm and extinguishment systems and appliances are installed in :-

a) the building?

b) the computer area?

14. Is building housing the Computer wholly occupied as office premises? Yes No
If not,

a) What other activities take place in the building and particularly in the Computer Section?

b) How is the Computer Section divided from the remainder of the building?

15. Is the Computer space air-conditioned? Yes No

16. Give details of the work done by Computer Yes No

17. Give the name of the Company who will maintain installation

18. Is maintenance arranged under a Hiring or Maintenance Agreement
(A copy of Maintenance or Hiring Agreement must be lodged with Company)

19. If Sections IA or II are insured please give particulars of any arrangements made
for use of an alternative computer in the event of failure of your own installation

20. Give details of any standby generating
Equipment and its age

21. Where are the current program media kept?

22. Where are the current main files and their up-dating media kept?

23. Do you have copies of prior software versions?
If yes, where are they kept?

24. Have the Computer personnel been trained by certified instructors? Yes No

25. How will new or additional personnel be trained?

26. Give particulars of any losses during the last three years in respect of similar risks to that now proposed

27. Are you at present insured or have you previously insured against risks of this nature?
If so, state the name of names of Insurer(s) Yes No

Has any Insurer in respect of a risk similar to that now proposed:-

a) declined to insure you? Yes No

b) declined to renew your policy? Yes No

c) required an increased premium or stipulated special conditions? Yes No

Questions on existing insurances and scope of cover required

28. Give the name of Insurer covering fire perils or other risks at installation address

29. Do such insurances extend to include the Computer Installation? Yes No

If so, please list those perils which are not required to be covered under the
Computer Insurance

Declaration

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/we agree that this proposal shall be the basis of the contract between me/us and the Company. I/We agree to accept a Policy in the Company's usual form for this class of insurance.

Date Signature of Proposer