



**Dhivehi Insurance Company Pvt. Ltd.**  
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### FOR OFFICE USE ONLY

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

## Proposal Form Electronic Equipment Insurance

### A. PARTICULARS OF PROPOSER

Proposer's name:		
ID No./Passport No./ Business Registration No.:		Nationality:
Proposer's correspondence address (in Block Letters):		
		Postcode:
Phone No. (Mobile) :	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Situation of premises to be insured:		
Nature of Business or Profession/ Occupation:		
Period of Insurance(dd/mm/yy). From:		To:
Name of bank, financial institution or any other interested party:		

### B. GENERAL QUESTIONS

1. Construction of the insured premises		
2. Are dangerous materials used in the vicinity? If so, please specify		<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is there a risk of flood and inundation? If so, by		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Bodies of water	<input type="checkbox"/> Torrential rainfall	
<input type="checkbox"/> Sewer backflow	<input type="checkbox"/> Others	

4. Are all the items listed in the schedule of equipment? If NO, which items are not included?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What equipment can still be obtained ex works? State items of the schedule.		
5. Is the equipment maintained in accordance with the manufacturers' instructions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Does a maintenance agreement exist for the insured equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Has any of the equipment to be insured previously been covered by other insurance company? If so, which items of the specification and by which companies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### C. SPECIAL QUESTIONS ON MATERIAL DAMAGE

1. Do the manufacturers or suppliers guarantee availability of spare and replacement parts? If YES, please specify	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. What is the value of cover required in respect of material damage	<input style="width: 100%;" type="text"/>	
3. Do you wish the cover to be extended to include:		
(i) Strike, Riot and Civil Commotion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(ii) Extra Charges for Overtime, Night work, Work on Public Holidays, Express Freight	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(iii) Extra Charges for Air freight - A minimum excess (deductible) of 20% applies	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(iv) Theft - A minimum excess (deductible) of 25% applies	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(v) Typhoon - A limit of MVR 200,000 applies to each occurrence	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(vi) Loss or Damage due to Flood or Inundation Storm or Tempest	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do you wish the cover to be restricted to exclude:		
(i) Loss or Damage due to Fire Lightning, Explosion and Impact of Aircraft	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(ii) Loss or Damage due to Mechanical and Electrical Breakdown	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(iii) Loss or Damage due to Flood or Inundation Storm or Tempest	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### D. SPECIAL QUESTIONS ON EXTERNAL MEDIA

1. Where will the software to be insured be stored?			
<input type="checkbox"/> On wooden shelves	<input type="checkbox"/> In steel cabinets		
<input type="checkbox"/> In fire-proof cabinets	<input type="checkbox"/> Other locations, please specify		

2. Where are the documents necessary for reconstruction kept?

- on the insured's premises
- outside the insured's premises

3. How are the documents stored?

- Data safe
- Other location, please specify

4. Which of the documents would you need for a reconstruction of the data?

- Accounting documents (originals)
- Duplicates from external carriers
- Electronic Data Processing (EDP)-List
- Other documents, please specify

5. Sum Insured calculation work sheet

(i) Total no. of disks, tapes, cards, etc. to be insured	<input type="text"/>
Time taken for re-recording data (e.g. reload from master software)	<input type="text"/>
Estimated unit cost per hour	<input type="text"/>
Estimate re-recording costs	<input type="text"/>
(ii) Estimated cost for Re-compiling Date from other records (e.g. to manually input date from written records into computer records)	<input type="text"/>
(iii) Estimated time for reconfiguration diagnostic test, etc.	<input type="text"/>
Estimated unit cost per hour	<input type="text"/>
Estimate costs	<input type="text"/>
(iv) Total New Replacement Value of disks, tapes, cards. etc. to be insured	<input type="text"/>
<b>Total Sum Insured ( (i) + (ii) + (iii) + (iv) )</b>	<input type="text"/>

### E. SPECIAL QUESTIONS ON INCREASED COST OF WORKING

1. Period of use of the equipment

- per day \_\_\_\_\_ hours       per month \_\_\_\_\_ days       per year \_\_\_\_\_ months

2. Calculation of sum insured

Costing of renting outside equipment

Additional cost of staff or outside employment incurred in using outside equipment

Additional transport cost for media and staff

Increased Cost of Working		
Per Day	Per Month	Per Year
<b>Annual Sum Insured</b>		

3. Do you wish the cover to be extended to included:

Increased cost of working incurred once only -First loss sum insured

Reprogramming other cost incurred

once only, please specify

4. Period of indemnity required

3 months

6 months

9 months

12 months

5. Exclusions on account of other existing insurances? If YES, please specify

YES

NO

**F. DECLARATION**

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer:

Date:

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.