

ELECTRONIC EQUIPMENT INSURANCE QUESTIONNAIRE

1. Broker Details

Name of Broker Company _____
 Mirabilis Agency Code _____ FAIS no: _____
 Contact Person _____
 Contact Details: Tel no: _____ Fax no: _____
 Email: _____

2. Insured Details

Name of Insured: _____
 Physical Address: _____

 Postal Address: _____

 Vat Number: _____
 Telephone No: _____
 Business of Insured: _____

3. Business Working Details

a) Normal Operation
 Shifts per day One Shift per day Two Shifts per day Three Shifts per day
 Normal Working Hours From: _____ To: _____
 Days worked per week _____
 b) Seasonal Operation
 Shifts per day One Shift per day Two Shifts per day Three Shifts per day
 Working Hours From: _____ To: _____
 Days worked per week _____
 Specify what season(s) _____
 c) Are there any special hazards or circumstances - e.g. the mode of operation (computer controlled)?
 Yes No
 If Yes please Specify _____

 d) Is the property insured against fire, explosion etc.?
 Yes No
 If Yes with which company? _____

MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORIZED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1ST FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196 POSTAL ADDRESS: P0 BOX 2081, SAXONWOLD, 2132
 TEL NO: 0861 100 100 or +27 11 880 8200 FAX NO: +27 11 880 6857
 REGISTRATION NO: 2006/018854/07 VAT NO: 4130230354

DIRECTORS: RJ MYERS (CHIEF EXECUTIVE), SA GRAHAM (DIRECTOR), QM MATTHEW (NON-EXECUTIVE), JDV MELVILLE (NON-EXECUTIVE), HD NEL (NON-EXECUTIVE)

3. Business Working Details (Continued)

e) Has the property suffered loss from fire, explosion etc. in the last 3 years?

Yes No

If Yes please elaborate

Cause: _____

Extent of Damage: _____

Cost: _____

4. Risk Details

Description :

Year of
Manufacture

Serial No

New Replacement
Value

List of Item/s (incl
Serial No's):

Description :	Year of Manufacture	Serial No	New Replacement Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Insurance Details

Has the insured property suffered loss or damage by machinery breakdown in the last 3 years?

Yes No

If Yes please specify:

Item: _____

Date: _____

Cause: _____

Cost: _____

Item: _____

Date: _____

Cause: _____

Cost: _____

Are any machines or installations still under manufacturer's guarantee?

Yes No

If Yes please specify:

Item: _____

Date of Expiry: _____

Item: _____

Date of Expiry: _____

Item: _____

Date of Expiry: _____

Maintenance of the machinery: Comment briefly on the maintenance in force – e.g. Planned, Weekly, Monthly, Annual Shutdown etc.

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6. General Comments

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 forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence

Date: _____ Signature: _____

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