



यूनाइटेड अजोड इन्स्योरेन्स लिमिटेड

United Ajod Insurance Limited

United by Trust

(Former: United Insurance Co. (Nepal) Ltd. & Ajod Insurance Limited)

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QUESTIONNAIRE AND PROPOSAL FOR ELECTRONIC EQUIPMENT INSURANCE

1. Name and address
of proposer

Types of business

Location of equipment to be
insured (address of building,
storey)

Structure of building

Steel skeleton brickwork concrete wood

2. Has any of the equipment to be insured previously been covered by other insurance companies? yes no if so, which items of the specification and by which companies.

State when the insurance is to commence:

Date:

Time:

Period of the insurance to expire at the same date and time next year.

3. Is all the equipment to be insured new? yes no if so, which items of the specification are second-hand?

What equipment can still be obtained ex works?

State items of the specification

4. Condition of equipment Is the equipment in accordance with the manufacturers' instructions? yes no

5. Quality of staff Have operators been trained with the manufacturer? yes no

6. Is there a risk of flood and inundation? yes no if so, by bodies of water torrential rain
 sewer backflow other

7. Are dangerous materials used in the vicinity? yes no if so, by acids prepared or sensitized papers
 lyes test solution developers explosives isotopes
 others

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 Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Company reliable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Company undertakes to deal with this information in strict confidence.

Executed at this day of 20

Signature

Specification of Item to be Insured

Item No.	Description of Items: Please give full and exact description of all equipment, including name of manufacturer, type, serial number, voltage, power input, etc. in the case of outdoor lines, indicate length and method of laying.	Year of manufacture	Remarks: Give particulars of any part of the equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair. In the case of mobile equipment state means and frequency of transport, areas of operation and distance. Please state if picture or admittance tubes are built in.	A 2 B 3	Replacement value: Please state current cost of replacing the equipment by new equipment of the same kind plus freight charged, customs duties, costs of erection, package material.
<ol style="list-style-type: none"> 1. For the Insurance of electronic data processing (EDP) equipment, an additional questionnaire for EDP equipment has to be completed. 2. In the case of bought equipment, mark "A" 3. In the case of hired equipment, mark "B" 	Total:				