

ELECTRONIC EQUIPMENT PROPOSAL FORM

This contract for insurance as proposed by UGI and any insurance subsequently arising will be between yourself and UGI.

PERSONAL DETAILS

Name of Insured			
Date of Birth		Age (next birthday)	
ID No.		Nationality	
Email Address			
Mobile No.:		Work Tel:	
Alternative No.		Home Tel:	
Occupation		Employer:	
Postal Address			
Physical Address			

(attach copy of utility bill/lease agreement/affidavit)

Period of insurance
 From DD / MM / YYYY To DD / MM / YYYY

Policy Number Date of Expiry DD / MM / YYYY

DETAILS OF THE BUSINESS/RISK ADDRESS

What are the premises you wish to insure?

Address

Town

Region

Property owner only Owner and Occupier Tenant

Nature of your business

Details of the occupation of your business / what are the premises used for:

Estimated gross annual turnover E

No. of employees

Interested parties

Name of interested party

Type of interest

--	--

Address

Town

Region

Do you store hazardous chemicals, flammable liquid and/or gases at the premises? Yes No

If yes, please give details of type(s), storage arrangements and quantity below:

The premises - location type: (please tick one box)

- | | |
|---|---|
| <input type="checkbox"/> Main street frontage | <input type="checkbox"/> Industrial Estate |
| <input type="checkbox"/> Shopping Mall (outdoor) | <input type="checkbox"/> Rural/out of town/remote |
| <input type="checkbox"/> Shopping Centre (no street frontage) | <input type="checkbox"/> Suburban street |

What floor are you on?
Number of units (if available)

Number of storeys/floors
Are the premises shared with other occupants? Yes No

How long have you been conducting this business or owned this property:

At these premises Elsewhere

What is the roof made of?
What is the floor made of?

What are the walls made of?
What is the age of the premises? years

Are the premises connected to mains water supply? Yes No
If the premises are >50 years old, have the premises been fully rewired? Yes No
Is the building at the premises subject to heritage or national trust listing, urban conservation order or any local ordinance requiring conditional re-instatement or redevelopment? Yes No

If yes, please provide details:

What protection is installed on your premises?

Security:

- Deadlocks
- Keyed window locks
- Bars/grills/padlocks on windows/skylights
- Local burglar alarm
- Monitored burglar alarm

Fire protection:

- Extinguishers
- Hydrants
- Hose reels
- Monitored fire alarm

Fully sprinkled:

- Single water supply
- Dual water supply

Describe any other security precautions at the premises

Is there any commercial cooking done on these premises? Yes No

If yes, please specify the numbers and type of cooking: (insert number in box)

Wok Oven Stove

Hot plate/grill Deep frying

Other cooking methods

If deep frying, total no. of litres _____

Are deep fryers fitted with thermostat cut off? Yes No

If work cooking, is any deep frying carried out in a wok? Yes No

Do you provide entertainment? Yes No

If yes, please provide details

What is the latest time you trade to? _____ am/pm

SECTION 1: PROPERTY DAMAGE

This section provides cover for physical loss or damage to the business' property at the Risk Address. It does not cover loss or damage to the Business' property caused by theft (refer to Section 3: Burglary) nor loss or damage to money (refer to Section 4: Money)

Is cover required? Yes No
Sum insured

1. Buildings	E	_____
2. Contents	E	_____
4. Contents & Stock	E	_____
5. Cost of restoring data (replacing the standard E50,000 cover)	E	_____
6. Removal of debris (replacing the standard E100,000 cover)	E	_____
7. Other items:		
_____	E	_____
_____	E	_____

_____	E	_____

SECTION 2: ELECTRONIC EQUIPMENT BREAKDOWN

This Section provides cover for the Business' computer and Electronic Equipment at the Risk Address against breakdown.

Is cover required? Yes No

Please list equipment to be covered: Sum Insured

_____	E	_____
_____	E	_____
_____	E	_____
_____	E	_____

If yes, please give full details

4. Been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation, receivership or voluntary administration)?

Yes No

If yes, please give full details

PAYMENT DETAILS

Payment Method: Debit Order Stop Order Govt Payroll Cash EFT

If Govt Payroll, Employment Number: _____

BANKING DETAILS

Bank Name: _____

Branch: _____

Account Name: _____

Deduction Date: 4 19 22 24 30

Account Type: _____

Account Number: _____

I give United General Insurance permission to debit my account with the premium amount due on the above chosen day of the month or as soon as possible thereafter. I further authorise United General Insurance to access my bank account for the purpose of confirming premium deductions.

Signature: _____

Date: _____

DECLARATION

1. I warrant that all the information given in this Proposal Form, and in all documents, which have been or will be signed by me in connection with the proposed insurance, is true and complete. I further warrant that all the information given or to be given by me in writing, electronically or otherwise, in connection with the proposed insurance is true and complete.
2. I agree that the statements in this Proposal Form and electronic information, and documents stated above shall, in addition to the statements in the application, be the basis of the proposed contract that any material misstatement or omission therein may lead to any contract made being declare void by United General Insurance (UGI).
3. I understand that UGI regards the answers given in this Proposal Form or electronically as material in assessing my application for the cover accruing from the insurance policy.
4. Accepting that I am thereby curtailing my right to privacy, but to facilitate financial underwriting, and the consideration of any claim for benefits, under a policy related to this or any other application for insurance made by me, or in respect of me as the insured

I irrevocably authorize UGI:

- a) To obtain from any person, whom I hereby so authorize and request to give, information which UGI deems necessary, and;

b) To share with other insurers, and any associations of such insurers, that information and information contained in this application or in any related policy or other document, either directly or through a database operated by or for such insurers as a group, at any time and in such detailed, abbreviated or coded form as may or coded form as may from time to time be decided by UGI or by the operators of such database or by the operators of such database.

PROTECTION OF PERSONAL INFORMATION

I hereby agree that UGI may use my information or obtain information about me for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification
- Fraud prevention and detection/Money laundering
- Claims checks (Claims Register)
- Market research & statistical analysis
- Audit & records keeping purposes

Name of proposer:

Designation of proposer (if representing company):

Signature of proposer:

Date:

