

Computer Insurance Proposal

Applicant Details		
Business name		
Mailing address (including Postcode)		
Business phone number	Cell phone number	Email address
Location(s) of property to be insured		
Mortgage or other financial interest's name and address	Insurance start date (MM/DD/YYYY)	
General Questions		
	Yes	No
1. Are you at present insured in respect of any of the risks now proposed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has an insurer ever cancelled, declined or refused to renew your Computer Policy or imposed special terms?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever sustained a loss in respect of the computer equipment in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the building housing the computer equipment what is the construction of:		
Walls		
Roof		
Floors		
5. Is transit cover required for any portable computer equipment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Details of security precautions:		
a. Is there a caretaker/night watchman/security patrol?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the entry to the computer room restricted to authorized ?	<input type="checkbox"/>	<input type="checkbox"/>
c. State the hours during which the computer room is attended by authorized personnel		
d. What precautions are in force to prevent unauthorized entry to the computer premises		
7. Details of the precautions against fire and water damage:		
a. Is there an automatic fire protection system in place which will flood the computer room with fire retarding material? If so, state the material used e.g. CO2, Halon, water below	<input type="checkbox"/>	<input type="checkbox"/>
Has a saturation test been performed on the computer room? If so provide documented results	<input type="checkbox"/>	<input type="checkbox"/>
b. State the number and type of manual, portable fire extinguishers in the computer room		

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	Yes	No
c. Is there an automatic detector system?	<input type="checkbox"/>	<input type="checkbox"/>
d. In non-office accommodation is the computer room separate from the remainder of the building by walls having a fire resistance of at least four hours with openings protected by two hour fire resistant doors?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a separate store for the computer stationery outside the computer room?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are lidded metal bins provided for waste paper?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is smoking banned at all times?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is the tape library stored in a vault or other separate fire-resistant enclosure?	<input type="checkbox"/>	<input type="checkbox"/>
i. Are there any sprinklers or water pipes in the computer room?	<input type="checkbox"/>	<input type="checkbox"/>
j. How many floors are in the building?	<input type="text"/>	
k. What floor is the computer room on?	<input type="text"/>	
l. Are there any sprinklers or water containing apparatus in the floors above?	<input type="checkbox"/>	<input type="checkbox"/>
m. Is the floor/roof above the computer room waterproof?	<input type="checkbox"/>	<input type="checkbox"/>
n. Are the data and program files backed up to a secondary media?	<input type="checkbox"/>	<input type="checkbox"/>
o. If so, is the secondary media stored offsite?	<input type="checkbox"/>	<input type="checkbox"/>
p. How frequently are backups done?	<input type="text"/>	
q. How frequently are backups moved to offsite storage?	<input type="checkbox"/>	<input type="checkbox"/>
r. Details of precautions against power/lightning protection?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
s. Is there a power surge suppressor?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1 – Material Damage

Complete the following in respect of the property to be insured

Details of the equipment	Manufacturer	Type/Model No	Date of Make	Replacement value
Computer(s)				
Air conditioning plant				
Voltage regulating plant				
Data carrying materials (magnetic tapes etc)				
Other equipment (please specify)				

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SECTION 2 – Business Interruption

Complete the following if this cover is required

- A. Increased Cost of Working** – this covers the additional expenses incurred in maintaining business operations during the interruption.

Indemnity period required: months

Details of how the sum insured is calculated

- i. Hiring alternative computer facilities
- ii. Payments for extra clerical work
- iii. Other additional expenses such as:

Sum insured \$

- B. Reinstatement of Data on Data** – Carrying Materials

The sum insured must be based upon the hours necessary to reinstate data from the back-up generations as well as the cost of buying time away from the business premises.

Sum insured \$

Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Proposal. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST.

I DECLARE that to the best of my knowledge and belief, the information provided in this Proposal, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the property.

I AGREE and ACKNOWLEDGE that this Proposal forms the basis of the contract between myself and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.

I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

I AGREE and ACKNOWLEDGE that by (i) clicking 'SIGN' and (ii) typing my name and the date, I am electronically signing my application and will be held personally liable for the statements and contractual obligations herein as if I had signed in person by hand.

SIGN SIGNATURE DATE (MM/DD/YYYY)

Signature of Agent/Underwriter Date (MM/DD/YYYY)