

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

**NAIC HOUSE
Plot 590, Zone A.O, Central Area, P.O. Box 3754,
Garki – Abuja**



COMPUTER ALL RISK PROPOSAL FORM

**“AN INSURANCE AGENT WHO ASISTS AN APPLICANT TO COMPLETE
AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE
DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT”.**

Head Office Address: -
PLOT 590, ZONE AO,
CENTRAL AREA
P.O. BOX 3754,
GARKI – ABUJA.

COVERAGE WILL NOT COMMENCE UNTIL NIGERIAN AGRICULTURAL INSURANCE ACCEPTS THIS PROPOSAL

E-mail Address: generalbusiness@naic.gov.ng

Sections; (NB, Sections II & III can only be insured in conjunction with section I)

- i. **Material damage- the computer Hardware and Auxiliaries**
- ii. **Data Media and Data**
- iii. **Additional costs (Extra Expenses)**

Agent/Broker:

| 1. Name & Postal Address of Proposer |
|---|
| |
| |
| |
| 3. Address of premises if different from postal address |
| |
| |

| 2. Telephone/Fax Number | |
|-------------------------|--|
| Home | |
| Business | |
| Fax | |
| Email | |
| Phone No. | |
| Occupation | |

4. Name of Present Insurer
 _ Type Policy cover

**SECTION I – MATERIAL DAMAGE
LOCATION OF DATA PROCESSING EQUIPMENT**

5. Building construction

| | | |
|-------|--------|------|
| Walls | Floors | Roof |
|-------|--------|------|

6. State floor on which computer room is situated Separate room? Yes No

7. Are the premises exposed to flood? Yes No

8. Is the ceiling of computer room waterproof? Yes No

9. Are fire alarm and extinguishment systems and appliances installed in

a) The building? Yes No

b) The computer area? Yes No

If yes, please provide details of equipment

10. Is the building housing the computer wholly occupied as office premises? Yes No
 If no state what other activities take place in the building and particularly the computer area

11. How is the computer section divided from the remainder of the building?

12. Is the computer space air-conditioned? Yes No

13. Give details of the work done by computer

14. Give details of any standby generating equipment and age.

15. Loss History

a) Have you ever suffered loss or damage previously? Yes No

b) If yes, please state details and amount of Loss

16. Is there a maintenance contract in force? Yes No
 If yes, please state details of the type of contract

N.B. Mechanical/Electrical Breakdown Excluded if No Maintenance Contract is in place.

17. Is cover required for:
- i) Expediting costs – overtime/express/airfreight? Yes No Limit \$
- ii) Removal of Debris? Yes No Limit \$
18. Is installation located in a special room? Yes No
19. Are all data processing units inside the room governed by a mater switch? Yes No
20. Is room free of combustible material or combustible supports? Yes No
21. Is the storage of flammable liquids prohibited in the room? Yes No
22. Are adequate carbon dioxide or halon fire extinguishers available in room? Yes No

SECTION II – DATA & DATA MEDIA

23. Where is data and data media store?
24. Type of containers?
25. Are duplicates maintained? Yes No
26. Are duplicates kept at same location as originals? Yes No
27. Is insurance required for data media in transit? Yes No Limit \$
28. If yes, between how many locations?
29. Is Reconstitution of data possible, if duplicates lost or destroyed? Yes No
30. If yes, briefly describe available documents.

-
31. indicate frequency of data generation Daily Weekly
32. Items to be insured – Complete Schedule B
33. Have you suffered loss or damage to data media previously? Yes No
34. If yes, briefly describe & indicate amount of loss.

SECTION III – ADDITIONAL COST (OR EXTRA EXPENSES)

35. Details of operating time hours a day days a week
36. Space hours (reserve capacity for Compensatory purposes) hours a day days a week
- Total hours
37. Briefly describe measures to maintain operations in case of loss

-
38. Indemnity Period _____ months _____
39. Estimate of expenses& cost for continuing operations for hardware, manpower& miscellaneous per indemnity period
- \$ _____

SUM INSURED: Maximum Indemnity for period of Indemnity: \$ _____

SCHEDULE A. (List all main items (hardware including auxiliaries) to be covered)

| Description of equipment(Make, Model, Type, Serial No. etc) | Year of make | Date of acquisition | New or used | Ownership | | | Maintenance agreement yes/no | Sum Insured (New replacement value) |
|---|--------------|---------------------|-------------|-----------|--------|--------|------------------------------|-------------------------------------|
| | | | | Bought | Leased | Rented | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Expediting Costs | | | | | | | | |
| Removal of Debris | | | | | | | | |

SCHEDULE B. (List all data media to be covered)

| Estimated No's of | Type of data media | Estimated cost for | | Total estimated costs Sum Insured |
|--|--------------------|----------------------|------------------------------------|-----------------------------------|
| | | Replacement of media | Reconstituting + Regenerating data | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Data Media & Data in Transit between locations | | | | |
| Total | | | | |

TO BE COMPLETED IN ALL CASES

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts, which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/We hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/We have disclosed all material facts that ought to be communicated to Nigerian Agricultural Insurance Corporation.

I/We undertake to exercise all ordinary and reasonable precautions for the safety of the Insured property.

I/We hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between Nigerian Agricultural Insurance Corporation and Myself/Ourselves.

Name **Position**

Signature **Date**

Date from which insurance is required