NIGERIAN AGRICULTURAL INSURANCE CORPORATION

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



PROPOSAL FOR ELECTRONIC EQUIPMENT

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

 ${\bf COVERAGE\ WILL\ NOT\ COMMENCE\ UNTIL\ NIGERIAN\ AGRICULTURAL\ INSURANCE\ ACCEPTS\ THIS\ PROPOSAL}$

PROPO	OSAL FORM FOR ELECTRONIC EQUIPMENT
1.	Period of Insurance From: To: at 4pm.
2.	Details of those proposed to be insured
2.	
	Full Name of proposer(s)
	Company name (if applicable: ABN. ABN.
	Postal address: State Postcode.
	Contact details Business ()
	Email AddressTel. No
	Trade or Business:
	State Postcode
	Situation of Equipment
	Other financial interested parties
	Name:
	Address: State Postcode.
	Nature of interest.
3.	Complete this section for Equipment proposed for insurance
	Is the Equipment proposed for insurance in satisfactory working condition with no known defects? Yes O No O
	If No, State areas of deficiency
	Has the Equipment sustained loss or damage during this past five years?
	If 'YES', please give full details, including dollar amounts
	Is the Equipment currently insured against breakdown or has it been previously insured? Yes No O If 'YES', please state Name of insurer
	1 125 , pieuse state (value of insure)
	Expiry date
	Has an insurer ever cancelled, declined to accept insurance or imposed special terms on the Equipment to be insured?
	Yes O No O If 'YES', please give full details
	Are there any other relevant facts relating to this insurance or the persons making this proposal which should be disclosed tenable a true assessment of your proposal to be made before acceptance? Yes No O
	If 'YES', please give full details, including dollar amounts

T4 o ma	Year of	Description of Equipment/Make/Model/Seria	.1	Sum Insured
Item	manufacture	Description of Equipment/Wake/Model/Seria	n number	(Replacement
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Is a Power Su		ction system installed? vpe, make and model	Total Sum Insured Yes	\$ 0
Is a Power Su If 'YES', ple	urge/Lightning Prote	ction system installed? /pe, make and model	Yes	\$ 0
Is a Power Su If 'YES', ple	urge/Lightning Prote	ction system installed?	Yes	\$ 0
Is a Power Su If 'YES', ple	arge/Lightning Prote ase specify system ty mprehensive Mainte	ction system installed? /pe, make and model	Yes Yes	\$ 0 No O
Is a Power Su If 'YES', ple	urge/Lightning Prote ase specify system ty mprehensive Mainte	ction system installed? /pe, make and model nance Agreements in force covering the Equipment?	Yes Yes	\$ 0 No O
Is a Power Su If 'YES', plea Are there Con Note: If Brea Equipment w	urge/Lightning Prote ase specify system ty mprehensive Mainter kdown cover is requith individual values	rpe, make and model nance Agreements in force covering the Equipment?	Yes Yes to be current on all Con	\$ 0 No O
Is a Power St. If 'YES', ple	mge/Lightning Prote ase specify system ty	rection system installed? Type, make and model The mance Agreements in force covering the Equipment? The mance Agreements in force covering the Equipment? The mance Agreement must be in excess of \$100,000 The mance Agreement must be in excess of \$100,000 The mance Agreement in the feature of the state of the s	Yes Yes Yes to be current on all Concover	No Omputers/Electronic
Is a Power Su If 'YES', plean Are there Con Note: If Brea Equipment w Only comple Fire protecti Are portable	mprehensive Mainter kdown cover is required ith individual values the following que on at the situation?	rection system installed? Type, make and model The mance Agreements in force covering the Equipment? The mance Agreements in force covering the Equipment? The mance Agreement must be in excess of \$100,000 The mance Agreement must be in excess of \$100,000 The mance Agreement in the feature of the state of the s	Yes Yes Yes Cover	No Omputers/Electronic
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Is a Power St. If 'YES', pleaning and there Connected to the Connected to	mprehensive Mainter kdown cover is required ith individual values te the following que on at the situation fire extinguishers insist installed?	ction system installed? /pe, make and model mance Agreements in force covering the Equipment? ired a Comprehensive Maintenance Agreement must in excess of \$100,000 estions if ;Fire Specified perils' is included in the electric stall? install (i.e single point or VESDA)?	Yes Yes The current on all Concover Yes Yes Yes Yes Yes Yes	No O
Is a Power St. If 'YES', plean	mprehensive Maintenth Main	rection system installed? Type, make and model The mance Agreements in force covering the Equipment? The mance Agreements in force covering the Equipment? The mance Agreement must be in excess of \$100,000 The excess o	Yes Yes be current on all Concover Yes Yes Yes Yes Yes Yes Yes Y	No Omputers/Electronic
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Is a Power St. If 'YES', pleaned. Are there Connote: If Breatequipment we Conly completed. Fire protection of the protection of the portable of the protection of the protec	mprehensive Mainter kdown cover is required ith individual values te the following que on at the situation fire extinguishers insignification in the situation of the situation of the situation of the situation of the extinguishers in the situation of the situat	rance Agreements in force covering the Equipment? ired a Comprehensive Maintenance Agreement must in excess of \$100,000 estions if ;Fire Specified perils' is included in the electric state of the st	Yes Yes be current on all Concover Yes Yes Yes Yes Yes Yes An accredited monitor	No O
Is a Power Su If 'YES', plean Are there Con Note: If Brea Equipment w Only comple Fire protecti Are portable Are sprinkler Is there a smo If 'YES', plean Is a fire support If 'YES', plean	mprehensive Mainter kdown cover is required in the individual values to the following que on at the situation? The extinguishers in the situation? The extinguishers in the situation of the extinguishers in the situation? The extinguishers in the extinguisher in the extingui	ction system installed? /pe, make and model mance Agreements in force covering the Equipment? ired a Comprehensive Maintenance Agreement must in excess of \$100,000 estions if ;Fire Specified perils' is included in the obs. stall? install (i.e single point or VESDA)? whether the system is monitored 'Back to Base' by a continuous description of the obs. led (ie CO2)?	Yes Yes Yes Yes Yes Yes Yes Yes	No Omputers/Electronic
Is a Power Su If 'YES', plea Are there Con Note: If Brea Equipment w Only comple Fire protecti Are portable Are sprinkler Is there a smo If 'YES', plea Is a fire supp	mprehensive Mainter kdown cover is required in the individual values te the following que on at the situation fire extinguishers in significant in the situation of the situatio	rection system installed? Type, make and model The manage Agreements in force covering the Equipment? The manage Agreements in force covering the Equipment? The manage Agreement must are accessed \$100,000 The excess of \$100,000 The excess o	Yes Yes be current on all Control Yes Yes Yes Yes Yes Yes Yes	No O No O Mo O No O
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If 'YES', please specify type of alarm installed and name of securi	
Are security night patrols carried out?	Yes O No O
If 'YES', please specify how often and by whom	
Option A – Electronic Data Restoration Costs (Loss of informa	ntion)
Do you required this extension?	Yes O No O
Sum insured required \$	
Note: The sum insured must represent the estimated cost of re-cincludes any additional expenses for the hire of personnel, premise	collecting and preparing the data in the appropriate form. The cost es or data preparation machines.
How frequently are your duplicate files updated? Daily	Weekly Monthly Other
Are on site duplicate copies kept in a fire proof cabinet?	Yes O No O
Are duplicate copies of the updated files kept off-site?	Yes O No O
If 'YES', please specify the address of the off-site	
	on programs and data media must be stored off-site at alternative nedia, information or records where duplicate copies are not kept, or
Option B – Increased Cost of Working	
Do you require this extension?	Yes O No O
Sum insured required \$	
	e to pay during the indemnity period for the use of substitute items of in the policy schedule. It should also include the cost of additional of insured equipment.
Indemnity period required	Months
Excess period required	Days
What contingency plan is in place for the use of substitute equipme	ent in the event of Insured Damage to your Equipment?
Has the above contingency plan been formalized in a written agree	ement? Yes No
If 'YES', with whom	

	Year of manufacture	Description	of Equipmen	t/Make/Model/Serial nu	ımber	Sum Insured (Replacement value
						\$
						\$
						\$
						\$
						·
						\$
						\$
						\$
						\$
						\$
						\$
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						·
						\$
						\$
						\$
If space ins	sufficient, please atta	ch list		Total Sur	m Insured	\$ 0
Declaration I/We declare	that					
I/We declare 1. I/We ha 2. All info 3. All sum 4. This pro	ve told Nigerian Agri rmation provided on t s insured represent th	his proposal is co	orrect e item(s) insur	all information which med. f the contract of insurance		
I/We declare I/We ha All info All sum This pro Insurance	ve told Nigerian Agri rmation provided on t s insured represent th posal, together with t	his proposal is co e full value of the he policy shall fo	orrect e item(s) insur orm the basis o	ed. f the contract of insurance	ce between n	
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 $Option \ C-Move able \ equipment$