

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.

COVERAGE WILL NOT COMMENCE UNTIL NIGERIAN AGRICULTURAL INSURANCE ACCEPTS THIS PROPOSAL

PROPOSAL FORM FOR ELECTRONIC EQUIPMENT

1. Period of Insurance

From:..... To:..... at 4pm.....

2. Details of those proposed to be insured

Full Name of proposer(s).....

Company name (if applicable:..... ABN.....

Postal address:..... State..... Postcode.....

Contact details Business ()..... Fax ().....

Email Address..... Tel. 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 No

If No, State areas of deficiency

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Has the Equipment sustained loss or damage during this past five years? Yes No

If 'YES', please give full details, including dollar amounts

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Is the Equipment currently insured against breakdown or has it been previously insured? Yes No

If 'YES', please state Name of insurer

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..... Expiry date.....

Has an insurer ever cancelled, declined to accept insurance or imposed special terms on the Equipment to be insured?

Yes No If 'YES', please give full details

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Are there any other relevant facts relating to this insurance or the persons making this proposal which should be disclosed to enable a true assessment of your proposal to be made before acceptance? Yes No

If 'YES', please give full details, including dollar amounts

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If 'YES', please specify type of alarm installed and name of security firm

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Are security night patrols carried out? Yes No

If 'YES', please specify how often and by whom

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Option A – Electronic Data Restoration Costs (Loss of information)

Do you required this extension? Yes No

Sum insured required \$.....

Note: The sum insured must represent the estimated cost of re-collecting and preparing the data in the appropriate form. The cost includes any additional expenses for the hire of personnel, premises 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 No

Are duplicate copies of the updated files kept off-site? Yes No

If 'YES', please specify the address of the off-site

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Note: Duplicate copies of updated operating systems, application programs and data media must be stored off-site at alternative premises. We have no liability for any loss or damage to data media, information or records where duplicate copies are not kept, or updated at intervals of not greater than 30 days.

Option B – Increased Cost of Working

Do you require this extension? Yes No

Sum insured required \$.....

Note: The sum insured must represent the amount you would have to pay during the indemnity period for the use of substitute items of insured equipment of similar performance to the items specified in the policy schedule. It should also include the cost of additional personnel and transportation incurred in using the substitute items of insured equipment.

Indemnity period required Months

Excess period required Days

What contingency plan is in place for the use of substitute equipment in the event of Insured Damage to your Equipment?

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Has the above contingency plan been formalized in a written agreement? Yes No

If 'YES', with whom

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.....
.....

Option C – Moveable equipment

Do you require this extension?

Yes No

Please list equipment to be covered, along with their individual new replacement values

Item	Year of manufacture	Description of Equipment/Make/Model/Serial number	Sum Insured (Replacement value)
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If space insufficient, please attach list		Total Sum Insured	\$ 0

Territorial limits, please specify

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5. Declaration

I/We declare that

1. I/We have told Nigerian Agricultural Insurance Corporation all information which may be material to this application
2. All information provided on this proposal is correct
3. All sums insured represent the full value of the item(s) insured.
4. This proposal, together with the policy shall form the basis of the contract of insurance between me/us and Nigerian Agricultural Insurance Corporation

Signature of Proposer(s).....

Date:.....

Office use only

Premium	Term	Annual
Base Electronic Equipment	\$	\$
Option A – Electronic Data Restoration Costs	\$	\$
Option B – Increased Cost of Working	\$	\$
Option C – Moveable Equipment	\$	\$
FSL	\$	\$
GST	\$	\$
Stamp Duty	\$	\$
TOTAL ANNUAL PREMIUM	\$ 0	\$ 0

Policy number	intermediary