

# BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED

## COMPUTER INSURANCE PROPOSAL

AGENCY:

UNDERWRITER:

### PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION ON THE FORM

No Insurance is in force until the proposal has been accepted by Bahamas First General Insurance Company Ltd.

1. Name: _____	
Postal Address: _____	E-mail Address: _____
Telephone Nos.      Work _____	Home _____ Cell _____
Trade or Business: _____	
Period of Insurance:    From: _____	To: _____

### SECTION I – Loss or Damage to Computer Installation

(Details of installation must be completed)

#### 2. Give details of individual units of computer installation

Description	Owned or hired	Quantity	Manufacturer	Type	Identification Number	Date of make	Sum Insured

3. Is installation in any way manufactured or adapted to meet your requirements?      Yes       No   
If so, please give full details

\_\_\_\_\_

\_\_\_\_\_

#### 4. Do you wish to include cover for: -

- a) Air Conditioning Equipment (including Trunking)?      Yes       No
- b) Electrical Generating Equipment (including supply cable) used solely for the purpose of the Computer Installation?      Yes       No

### SECTION (I A) – Loss or Damage to Computer System Records

#### 5. Give details of Computer Systems Records

Magnetic tapes, disks or disk packs and other Systems Records (please specify each)	Quantity	Media insured as unused material only		Media insured inclusive of cost of reinstating information thereon	
		Sum Insured	Sum Insured	Sum Insured	Limit per tape/disk*

\* Figures should allow for additional costs (overtime, work at other locations) which may be incurred in excess of original production costs.

## SECTION II

6. Please complete section applicable to insurance required:-

a) Additional Cost of Working Insurance Maximum amount recoverable each month	<input type="text"/>
b) Loss or Revenue Anticipated annual revenue from computer operations	<input type="text"/>
c) Auditors Charges If cover required, please state amount to be insured	<input type="text"/>
Indemnity Period required	<input type="text"/> Months
Excess required (minimum monetary equivalent of 24 hours) Additional Cost Basis only	<input type="text"/>

7. a) Is the electricity supply from a grid? Yes  No
- b) Are the cables underground or overhead?
8. Do you wish to include loss following failure of Air Conditioning Equipment and/or Electricity Generating Equipment/

### General

9. In the building housing the Computer, what is the construction of:-

a) walls?

b) roof?

c) floors?

10. State the floor on which the Computer installation is situated

11. Is the situation exposed to flood? Yes  No   
If so, assessment of exposure

12. Is the ceiling of Computer room waterproof? Yes  No

13. What fire alarm and extinguishment systems and appliances are installed in :-

a) the building?

b) the computer area?

14. Is building housing the Computer wholly occupied as office premises? Yes  No   
If not,

a) What other activities take place in the building and particularly in the Computer Section?

b) How is the Computer Section divided from the remainder of the building?

15. Is the Computer space air-conditioned? Yes  No

16. Give details of the work done by Computer Yes  No

17. Give the name of the Company who will maintain installation

\_\_\_\_\_

18. Is maintenance arranged under a Hiring or Maintenance Agreement  
(A copy of Maintenance or Hiring Agreement must be lodged with Company)

\_\_\_\_\_

19. If Sections IA or II are insured please give particulars of any arrangements made  
for use of an alternative computer in the event of failure of your own installation

\_\_\_\_\_

20. Give details of any standby generating  
Equipment and its age

\_\_\_\_\_

21. Where are the current program media kept?

\_\_\_\_\_

22. Where are the current main files and their up-dating media kept?

\_\_\_\_\_

23. Do you have copies of prior software versions?  
If yes, where are they kept?

\_\_\_\_\_

24. Have the Computer personnel been trained by certified instructors? Yes  No

25. How will new or additional personnel be trained?

\_\_\_\_\_

26. Give particulars of any losses during the last three years in respect of similar risks to that now proposed

\_\_\_\_\_

27. Are you at present insured or have you previously insured against risks of this nature?  
If so, state the name of names of Insurer(s) Yes  No

Has any Insurer in respect of a risk similar to that now proposed:-

a) declined to insure you? Yes  No

b) declined to renew your policy? Yes  No

c) required an increased premium or stipulated special conditions? Yes  No

**Questions on existing insurances and scope of cover required**

28. Give the name of Insurer covering fire perils or other risks at installation address

\_\_\_\_\_

29. Do such insurances extend to include the Computer Installation? Yes  No

If so, please list those perils which are not required to be covered under the  
Computer Insurance

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/we agree that this proposal shall be the basis of the contract between me/us and the Company. I/We agree to accept a Policy in the Company's usual form for this class of insurance.

Date ..... Signature of Proposer .....