



ENGINEERING UNDERWRITING MANAGERS

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ELECTRONIC EQUIPMENT QUESTIONNAIRE

BROKER DETAILS

Brokerage Name: _____

Contact Person: _____

Tel: _____ Fax: _____

Email: _____

INSURED

Business Name: _____

Description of Business _____

Postal Address: _____

VAT No: _____

Company Registration: _____



SCHEDULE OF EQUIPMENT

Description	Sum Insured New Replacement Value

***NB** If the space is insufficient you may provide a separate list of equipment.

Please provide details of Power Surge Protection Measures in place

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Please provide details of Anti-theft , Security & Fire Prevention measures in place

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INCREASED IN COST OF WORKING (ICOW)

Cover required: YES _____ NO _____

Limit of Indemnity: R _____

Indemnity Period: _____ Months

RE-STATEMENT OF DATA (ROD)

Cover required: YES _____ NO _____

Limit of Indemnity: _____

SASRIA

Cover required: YES _____ NO _____

PREVIOUS INSURANCE

Name of Insurer: _____

Claims Experience / Details: _____

GENERAL COMMENTS

INSURED

DATE

