

## QUESTIONNAIRE AND PROPOSAL FOR ELECTRONIC EQUIPMENT INSURANCE

### 1. Broker Details

Name of Broker Company \_\_\_\_\_  
 Mirabilis Agency Code \_\_\_\_\_ FAIS no: \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact Details: Tel no: \_\_\_\_\_ Fax no: \_\_\_\_\_  
 Email: \_\_\_\_\_

### 2. Insured Details

Name of Insured: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Vat Number: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_  
 Business of Insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the insured a natural or juristic person with a turnover of less than ZAR 2 000 000.00 (excl VAT) ?      Yes            No     

### 3. Business Working Details

#### a) Normal Operation

Shifts per day      One Shift per day            Two Shifts per day            Three Shifts per day     

Normal Working Hours      From: \_\_\_\_\_      To: \_\_\_\_\_

Days worked per week \_\_\_\_\_

#### b) Seasonal Operation

Shifts per day      One Shift per day            Two Shifts per day            Three Shifts per day     

Working Hours      From: \_\_\_\_\_      To: \_\_\_\_\_

Days worked per week \_\_\_\_\_

Specify what season(s) \_\_\_\_\_

#### c) Are there any special hazards or circumstances - e.g. the mode of operation (computer controlled)?

Yes            No     

If yes, please specify \_\_\_\_\_

### MIRABILIS ENGINEERING UNDERWRITING MANAGERS (PTY) LTD

MIRABILIS IS AN AUTHORISED FINANCIAL SERVICES PROVIDER: 28190

PHYSICAL ADDRESS: 1<sup>ST</sup> FLOOR, CRADOCK PLACE, 5 CRADOCK AVENUE, ROSEBANK, 2196

POSTAL ADDRESS: PO BOX 2081, SAXONWOLD, 2132

TEL NO: 0861 100 100 | +27 11 880 8200

FAX NO: +27 11 880 6857

REGISTRATION NO: 2006/018854/07

VAT NO: 4440102095

### 3. Business Working Details (Continued)

d) Is the property insured against fire, explosion etc.?

Yes  No

If yes, with which company?

\_\_\_\_\_

e) Has the property suffered loss from fire, explosion etc. in the last 3 years?

Yes  No

If yes, please elaborate

Cause: \_\_\_\_\_

Extent of Damage: \_\_\_\_\_

Cost: \_\_\_\_\_

### 4. Risk Details

Description

Year of  
Manufacture

Serial No

New Replacement  
Value

List of Item/s (incl Serial  
No's):

### 5. Insurance Details

Has the insured property suffered loss or damage due to mechanical or electrical breakdown in the last 3 years?

Yes  No

If yes, please specify:

Item: \_\_\_\_\_

Date: \_\_\_\_\_

Cause: \_\_\_\_\_

Cost: \_\_\_\_\_

Item: \_\_\_\_\_

Date: \_\_\_\_\_

Cause: \_\_\_\_\_

Cost: \_\_\_\_\_

Is any of the insured property still under manufacturer's guarantee?

Yes  No

If yes, please specify:

Item: \_\_\_\_\_

Date of Expiry: \_\_\_\_\_

Item: \_\_\_\_\_

Date of Expiry: \_\_\_\_\_

Item: \_\_\_\_\_

Date of Expiry: \_\_\_\_\_

**5. Insurance Details continued**

Maintenance of the equipment: Comment briefly on the maintenance in force – e.g. Planned, Weekly, Monthly, Annual Shutdown etc.

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**6. Other**

Any other important information that may be material to the Insurer in assessing the risk

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**DECLARATION**

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The Insurers undertake to treat this information in strict confidence.

**Please note that by signing this application, you acknowledge having read, understood and agreed to the contents of the [POPIA Disclosure](#), and confirm that the information provided to Mirabilis via your appointed intermediary for the purposes outlined, is done with your voluntary, specific and informed consent.**

Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_