

ELECTRONIC EQUIPMENT - DATA SHEET

CONTACT DETAILS					
Company Name	:				
Address	:				
Business	:				
Telephone No	:		Fax No.		Email
Contact Person	:			Designation	
Location	:				
Interest (Description of Property)	:				

Section A	:	Sum Insured	Section B	:	Sum Insured
(Material Damage)			(Business Interruption)		
A1 Material Damage (Premises cover only)	:		B1 (Increased Cost Of Working)	:	
A2 Items In Transit * (Mobile Units)	:		Indemnity Period (No. of months)	:	
Geographical Area	:		B2 (Reinstatement Of Data)	:	
Sum Insured	:		Total Sum Insured	:	

* Please attach list of items with specification

Current Insurance Company	
Preference of Insurance Co. for this Enquiry	
Claims experience for last 3 years	