



JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

19 - 21 Knutsford Boulevard, New Kingston, P.O. Box 514, Kingston 5, Jamaica

Telephone No: (876) 926-3204 to 8, Fax No. (876) 968-1920

Website: www.jiiconline.com

E-mail: jiic@gkco.com or info@jiiconline.com

APPLICATION FOR PERSONAL COMPUTER ALL RISK INSURANCE

(Complete the sections which apply)

I. Material damage - the computer Hardware and Auxiliaries

II. Data Media and Data

III. Additional costs (Extra Expenses)

(NB. Sections II & III can only be insured in conjunction with section I).

Name of Assured: _____

Address: _____

Broker of Agent: _____

Name of Present Insurer: _____ Type policy _____

SECTION I MATERIAL DAMAGE

LOCATION OF DATA PROCESSING EQUIPMENT

A. Address: _____

B. Building construction: Walls _____ Floors: _____

Roof: _____ Which floor: _____ Separate room? _____

C. Items to be Insured - Complete Schedule A overleaf

D. Loss History

(a) Have you ever suffered loss or damage previously? _____

If yes, please state details and amount of Loss: _____

E. Insurance period: Form: _____ To: _____

F. Is there a maintenance contract in force? Yes No

If yes, please state details of the type of contract

N.B. Mechanical/Electrical Breakdown Excluded If No Maintenance Contract Is In Place

G. Is cover required for:

(i) Expediting costs - overtime/express/airfreight? Yes No Limit \$

(ii) Removal of Debris? Yes No Limit \$

H. Is installation located in a special room? Yes No

I. Are all data processing units inside the room governed by a master switch? Yes No

J. Is room free of combustibile material or combustibile supports? Yes No

K. Is the storage of flammable liquids prohibited in the room? Yes No

L. Are adequate carbon dioxide or halon fire extinguishers available in room? Yes No

SECTION 2 DATA & DATA MEDIA

A. Where stored? _____

Type containers? _____

B. Are duplicates maintained? _____

C. Are duplicates kept at same location as originals? _____

D. Is insurance required for data media in transit? Yes No Limit \$

If yes, between how many locations? _____

E. Is Reconstitution of data possible, if duplicates lost or destroyed? _____

If yes, briefly describe available documents: _____

F. Indicate frequency of data generation: _____

Daily _____ Weekly _____ (Tick applicable)

G. Items to be Insured - Complete Schedule B overleaf

H. Have you suffered loss or damage to data media previously? _____

If yes, briefly describe & indicate amount of loss: _____

SECTION 3 ADDITIONAL COST (OR EXTRA EXPENSES)

- A. Details of operating time _____ hours a day _____ days a week
- B. Space hours (reserve capacity for compensatory purposes
 _____ hours a day _____ days a week Total hours _____
- C. Briefly describe measures to maintain EDP operations in case of loss _____

- D. Indemnity Period _____ months
- E. Estimate of expenses & cost for continuing EDP operations for hardware, manpower & miscellaneous per indemnity period \$ _____
- F. **SUM INSURED:** Maximum Indemnity for period of Indemnity: \$ _____

SCHEDULE A

List all main items (hardware including auxiliaries) to be covered

Item no.	Description of equipment (Make, Model, Type, Serial No etc.)	Year of make	Date of Acquisition	New or Used	Ownership			Maintenance agreement yes/no	Sum insured (New replacement value)
					bought	leased	rented		
	Expediting Costs								
	Removal of Debris								
									Total sum insured

SCHEDULE B

List all data media to be covered

Estimated No's of	Type of data media	Estimated cost for		Total estimated costs Sum Insured
		Replacement of media	Reconstituting + Regenerating data	
	Data Media & Data in Transit between locations			
	Total			

We hereby declare that the statements made by us in this Questionnaire are complete and true to the best of our knowledge and belief and we hereby agree that this Questionnaire shall form the basis and be part of any Policy or Policies issued in connection with the above risk or risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claim of whatever nature.

Dated: _____ Signature: _____

Title: _____