



GRACEKENNEDY GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON
Knutsford Boulevard

LIGUANEA
Sovereign Ctr.

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Duke Street

MANDEVILLE
Midway Mall

MONTEGO BAY
Fairview Shopping Ctr.

PORTMORE
Portmore Town Ctr.

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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 combustible material or combustible 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:

