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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: _____

TRN: _____ e-mail address: _____ Fax _____

BROKER OF AGENT: _____

NAME OF PRESENT INSURER: _____ TYPE OF POLICY _____

I would like to receive documentation / communication electronically (where applicable). YES NO

Are you or an immediate relative or closely associated entrusted with a prominent public position such as that of a Senior Politician, Senior Government Official or Executive of a political party? YES NO
If yes, please explain.

TWO REFERENCES (Applicable to Individual Proposers, provide names, addresses and telephone Nos.)

SOURCE OF FUNDS (i.e. your earnings/income - wages, remittances, investments etc.) _____

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: Have you ever suffered loss or damage previously? YES NO

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, briefl describe available documents: _____

- F. Indicate frequency of data generation: Daily Weekly Other _____
- G. Items to be Insured – Complete Schedule B overleaf.
- H. Have you suffered loss or damage to data media previously? YES NO
If yes, briefly describe and indicate the 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 and cost for continuing EDP operations for hardware, manpower and 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	Rented	Leased		
Expediting Costs									
Removal of Debris									
							Total Sum Insured		

SCHEDULE B

List all data media to be covered:

Estimated No.	Type of Data Media	Estimated Cost		Total estimated costs – Sum Insured
		Replacement of Media	Reconstituting & Re-generating 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.

CONSENT: We hereby acknowledge that Insurance companies from time to time share information about their policyholders and their insurance transactions with other insurance companies, the Police, The Island Traffic Authority and other such entities in Jamaica, and in this regard we hereby consent to the Insurer sharing related information about my/our insurance transactions.

Dated: _____

Signature: _____

Title: _____