

QBE ELECTRONIC Cover™

ELECTRONIC EQUIPMENT INSURANCE

FLEXIWRITE PROPOSAL

Contents

- A. NOTICE TO THE PROPOSED INSURED
- B. DETAILS OF THE PROPOSED INSURED
- C. CLAIMS DETAILS
- D. INSURANCE COVER
- E. DECLARATION



FLEXIWRITE PROPOSAL

A. NOTICE TO PROPOSED INSURED

1. Disclosure of Relevant Facts

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

2. Non Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

3. Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

4. Important

Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.

Where provided, tick (✓) appropriate box to indicate answer.

The applicant will be referred to in this proposal as "You" or "Your".

5. Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	
Papua New Guinea	QBE Insurance (PNG) Limited	
Solomon Islands	QBE Insurance (International) Limited	
Vanuatu	QBE Insurance (Vanuatu) Limited	

Note: In any other markets please contact the local QBE office.

6. Jurisdiction

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a) the laws of the country at the QBE office which issues the policy/ies arising from this proposal; unless
- b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,

and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

7. Note

Values, Sums Insured, Limits and Deductibles further marked as * are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

B. DETAILS OF THE PROPOSED INSURED

- 1. Name(s) in full:
 Phone no: Fax no:
 Mobile no: Email:
- 2. Postal address

- 3. Location of equipment
 If same as postal address

- 4. Type of business

- 5. Name and address of other interested parties (e.g. mortgagees or lessors)

- 6. Type of interest (e.g. mortgagee, bill of sale holder)

- 7. Period of insurance: From ___/___/___ and ending ___/___/___

C. CLAIMS DETAILS

- 1. Have you (in the past 5 years) Please (✓)
 - 1.1. made any claim(s) on an insurer for loss or damage? YES NO
If "YES", please give full details

 - 1.2. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer? YES NO
If "YES", please give full details

 - 1.3. suffered any loss or damage which would have been covered by the proposed insurance policy? YES NO
If "YES", please give full details

2. Do you have a current insurance policy on any of the equipment? YES NO

If "YES", please give full details

.....

3. Is there any fault or defect known to you in any of the plant/equipment? YES NO

If "YES", please give full details

.....

4. Are there any fire and/or theft protection measures protecting the equipment at the location? YES NO

If "YES", please give full details

.....

D. INSURANCE COVER

SECTION 1 – EQUIPMENT

Notes:

1. Please include make, model, serial number and year of manufacture.
2. New Replacement Value (N.R.V.) includes packing, freight, customs duty and installation charges.
3. Mechanical and electrical breakdown of electronic data processing systems valued in excess of a specified limit is only available if you have a current maintenance agreement on the equipment.

	Description of equipment and details of software	N.R.V. *
1		
2		
3		
4		
5		
6		
7		
8		
	Total Limit of Indemnity *	

Options

Please (✓)

1. Do you wish to **exclude**
- a) all perils provided for in your QBE COMMERCIAL Cover? YES NO
 - b) all perils provided for in your QBE CORPORATE Cover? YES NO
 - c) mechanical and electrical breakdown of the insured items? YES NO

2. Do you wish to **cover** temporary removal of any of the above items? YES NO

If "YES", please advise

- a) item numbers
- b) frequency of removal
- c) location(s) removed to

SECTION 2 – DATA RESTORATION COSTS

1. Are duplicate copies of data stored off site? YES NO

Note: If duplicate copies of data are not stored off site then we will not be able to provide you with cover for data restoration costs.

Limit of Indemnity
*

2. Estimated restoration cost
3. Please describe the type of data stored
-

**SECTION 3 – INCREASED COST OF WORKING
(COMPUTERS ONLY)**

Limit of Indemnity
*

1. How much would it cost to maintain your operation with a substitute system e.g. rental of substitute equipment, additional personnel costs, transportation costs?
2. How long will it take to reinstate your equipment days

Note: The maximum period we will cover you for is (3) months.

E. DECLARATION

I/we the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/we have read and understood the Notice to the Proposed Insured on the front of this proposal form.
3. I/we have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/we understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in the accompanying documents.

If accepted by QBE the proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

Name and position:

Signed:

Date: __/__/__



Asia Pacific Head Office

Level 7, 345 George Street
Sydney N.S.W. 2000
Australia

Tel: +612 9375 4444
Fax: +612 9375 4070
www.qbe.com/asiapacific

Licensed insurers for the Pacific Islands region:

Fiji

QBE Insurance (Fiji) Limited
QBE Centre
Victoria Parade
GPO Box 101
Suva, Fiji

Tel: + (679) 331 5455
Fax: + (679) 330 0285
Info: info.fiji@qbe.com
www.qbe.com/asiapacific

PNG

QBE Insurance (PNG) Limited
QBE Building
Musgrave Street
P O Box 814, Port Moresby
Papua New Guinea

Tel: + (675) 3212 144
Fax: + (675) 3214 756
Info: info.png@qbe.com
www.qbe.com/asiapacific

Solomon Islands

QBE Insurance (International) Limited
Panatina Plaza
Prince Philip Highway
P.O. Box 764
Honiara
Solomon Islands

Tel: + (677) 38884
Fax: + (677) 38887
Info: info.sol@qbe.com
www.qbe.com/asiapacific

Vanuatu

QBE Insurance (Vanuatu) Limited
La Casa, D'Andrea Building
Port Vila
P.O. Box 186
Vanuatu

Tel: + (678) 22299
Fax: + (678) 23298
Info: info.van@qbe.com
www.qbe.com/asiapacific

French Polynesia

QBE Insurance (International) Limited
Immeuble Gallieni
Front de Mer
P.O. Box 283
Papeete, Tahiti – French Polynesia

Tel: + (689) 50 66 00
Fax: + (689) 50 66 01
Info: info.fp@qbe.com
www.qbe.com/asiapacific

New Caledonia

QBE Insurance (International) Limited
5 Rue Anatole-France
BP 449
98845 Noumea-Cedex
New Caledonia

Tel: + (687) 246300
Fax: + (687) 287717
Info: qbe@qbe.nc
www.qbe.com/asiapacific

For literature in use in the French Territories above,
please contact the local QBE office in each of these countries.



A member of the QBE Insurance Group
www.qbe.com