**QUESTIONNAIRE FOR INSURANCE OF**

**MACHINERY AND ELECTRONIC EQUIPMENT**

**1. General information about a party seeking insurance**

|  |  |
| --- | --- |
| **Business name (name)** |  |
| **Company ID Number** |  |
| **Registered office**  | Street |  |
| Zip code |  | Town/city |  |
| **Line of business** |  |
| **Telephone Number** |  | E-Mail |  |
| **Website** |  |

**2. Damage history for the last 5 years**

**List damages not covered by insurance and damages for which insurance company did not provide insurance benefit**

|  |  |  |
| --- | --- | --- |
| **Date of damage** | **Cause and brief description of damage** | **Damage amount [EUR]** |
|  |  |  |

**3. Place of insurance/territorial validity of the insurance**

|  |  |
| --- | --- |
| **Stationary equipment** | Place of insurance |
| Fire safety |
| Anti-theft security methods |
| Securing the property against overvoltage (e.g. lightning conductor, overvoltage protection of electricity meter switchboards, overvoltage protection of sockets) |
| **Mobile/portable equipment and equipment installed in vehicles** | Required territorial validity of the insurance |
| Anti-theft security methods |

**4. List of machinery and/or electronic devices**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Order number** | **Name and type of device** | **Producer** | **Serial number** | **Year of production** | **Sum assured [EUR]** |
|  |  |  |  |  |  |

**5. Information about location of devices and devices with own overvoltage protection**

**Add order numbers according to point 4.**

|  |  |
| --- | --- |
| **List devices placed in open space (except mobile machinery)** |  |
| **List devices placed in the basement or below the level of the surrounding terrain** |  |
| **List devices with own overvoltage protection** |  |

**6. Required scope of insurance for insurance of technical risks**

|  |
| --- |
| **Type of insurance** |
| **Natural disaster insurance** |[ ]  yes |[ ]  no |  |
| **Insurance in case of theft or vandalism** |[ ]  yes |[ ]  no |  |
| **Other requirements for insurance (specify)** |  |

**7. Notes**

|  |
| --- |
|  |
|  |

**If the space in this questionnaire is insufficient, write your answers on a separate sheet of paper, which will be attached to the questionnaire.**

I hereby declare that the information included in this questionnaire is complete and true. I am also aware of the fact that if I take out an insurance policy, I am obliged to inform the insurer without undue delay of any changes in the facts stated in this questionnaire. If an insurance policy is taken out, this questionnaire is an integral part of the insurance policy.

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_ Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp and signature