

COMMERCIAL COMPUTER DECLARATION

Insured _____

Policy no./Broker ref. no. _____

Branch _____

NB: Values to be those as at _____

1. List (on separate sheet) of all hardware including CPUs, VDUs, etc., separately for:

1.1 Process/Manufacturing Control

Total value R _____

1.2 Non-process

Total value R _____

2. List (on separate sheet) of all peripheral equipment (e.g. printers, plotters, etc.), separately for:

2.1 Process/Manufacturing Control

Total value R _____

2.2 Non-process

Total value R _____

3. List (on separate sheet) of all ancillary equipment (e.g. air-conditioning unit in computer room, fire-fighting equipment, etc.)

Total value R _____

4. List (on separate sheet) all data communications equipment (e.g. modems, etc.)

Total value R _____

5. Electronic word-processing equipment, faxes, switchboards

Total value R _____

6. Magnetic data media (e.g. disks, tapes)

Total value R _____

7. Software (e.g. packages, etc.)

7.1 Do you insure software YES NO

7.2 Provide full descriptions (on separate sheet)

Total value R _____

8. Laptops (list on a separate sheet)

Total value R _____

9. Escalation – estimate percentage to allow for escalation/inflation/trend during the 12 months to _____ for all the above

Total value R _____

10. Anticipated cost to reinstate/recover data (following a mishap)

R _____

11. Anticipated cost to hire alternative system or Bureau time (following a mishap)

R _____

12. Estimate number of months required for re-ordering of equipment and re-instatement of data _____ months

NB: Would loss/destruction/breakdown of all or part of your system involve:

	Process Control Equipment		Non-process Equipment	
	YES	NO	YES	NO
(i) Loss of turnover	R _____		R _____	
(ii) Increase in cost of working (e.g. overtime, more expensive manual systems, hire of alternative equipment, etc.)	R _____		R _____	

If Yes to any of the above, please elaborate and indicate percentage effect on turnover.

DECLARATION

I/We declare that to the best of my/our knowledge/belief, the statements and particulars given in this form are true and complete and that no material facts that are likely to influence the acceptance and assessment of your insurance have been withheld. (If you are in any doubt as to whether a fact is material, you should disclose it.)

This means that The Hollard Insurance Company Ltd. has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided.

PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signature
Insured/Duly authorised person

Date