

**HEAD OFFICE:**

Tel: (011) 482 5452

Fax: 086 542 0506

126 Bram Fisher Drive, Ferndale, 2194

PO Box 2103, Pinetown, 2123

[admin@khanyisabrokers.co.za](mailto:admin@khanyisabrokers.co.za)



An Authorised Financial Services Provider: License Number – 31213

**SEBOKENG OFFICE:**

Cell: 076 923 6088

1108 Ext 2, Zone 6

Sebokeng, Vaal Triangle, 1983

[lfeadmin@khanyisabrokers.co.za](mailto:lfeadmin@khanyisabrokers.co.za)

## ELECTRONIC EQUIPMENT QUESTIONNAIRE

INSURED: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON:: \_\_\_\_\_

TEL NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

WHO IS THE CURRENT INSURER? \_\_\_\_\_

CLAIMS EXPERIENCED FOR THE LAST THREE YEARS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERIOD OF INSURANCE: \_\_\_\_\_

LOCATION WHERE EQUIPMENT IS HOUSED (ADDRESS):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SHARING THE LIGHT TO GROW OTHERS

SECURITY (SPECIFY FOR EACH LOCATION):

---

---

---

---

LIGHTNING PROTECTION (SPECIFY):

---

TOTAL SUM INSURED (PROVIDE LIST OF EQUIPMENT PER SITUATION):

---

TOTAL SUM INSURED FOR PORTABLE EQUIPMENT (PROVIDE LIST OF EQUIPMENT):

---

REINSTATEMENT OF DATA LIMIT:

---

INCREASED COST OF WORKING LIMIT:

---

PERIOD OF INDEMNITY: \_\_\_\_\_

INCOMPATIBILITY REQUIRED: (Y/N) \_\_\_\_\_

LIMIT: \_\_\_\_\_

CLAIMS PREPARATION COSTS: (Y/N) \_\_\_\_\_

LIMIT: \_\_\_\_\_

SASRIA (Y/N): \_\_\_\_\_

\*PLEASE ATTACH LIST OF EQUIPMENT\*

GENERAL COMMENTS:

---

---

---

---

\_\_\_\_\_  
INSURED

\_\_\_\_\_  
DATE