## FORMULAIRE DE DECLARATION DU RISQUE

**ASSURANCE MULTIRISQUE ORDINATEURS**

Le présent formulaire doit être soigneusement rempli et signé par l’assuré. Il est établi en vertu de l’article 7 alinéa 2 du code des assurances. Les déclarations qui y sont consignées serviront de base à l’établissement du contrat d’assurance.

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| * **PROPOSANT / ASSURE :** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Nom & prénom du proposant : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adresse : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom & prénom de l’assuré : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Situation du risque : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| * **QUESTIONNAIRE :** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Le bâtiment est-il équipé de moyens de lutte contre l’incendie ? Oui  Non | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Si oui lesquels ? Détecteur de fumée  Sprinklers  Extincteurs  Autres | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L’accès aux locaux est-il contrôlé ? Oui  Non  Disposez-vous d’un contrat d’entretient/maintenance de votre parc informatique ? Oui  Non | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **LISTE DU MATERIEL INFORMATIQUE :** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Désignation  Matériel | Identifiant | | | | | | | | | Etat : En propriété = O  En leasing = L  En location = R | | | | | | | | Année de construction | | | | | Somme assurée  (valeur de remplacement à neuf) | | | | | | | |
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| * **GARANTIES COMPLEMENTAIRES :** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 1. Perte des données et de supports de données | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| - Le double des supports est-t-il conservé à l’extérieur de la salle d’ordinateurs ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Oui  Non | | | | | | | | | | | | | |
| - Les supports de données en circulation, doivent-ils être assurés ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Oui  Non | | | | | | | | | | | | | |
| Si oui, indiquer pour quel montant : | | | | | | | | |  | | | | | | DT | |
| - Des sinistres affectant les supports de données se sont-ils déjà produits ? | | | | | | | | | | | | | | | | | | | | | | | | | Oui  Non | | | | | | | | | | | | | |
| Si oui, décrire les dommages et indiquer leurs montants : | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| - Par supports externes, on entend des mémoires utilisées à diverses reprises, lisibles par l’ordinateur  et indépendantes de lui. Indiquer dans le tableau ci-après, la liste des supports externes : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nature | | | Nombre | | | | | | Coût estimé | | | | | | | Coût estimé de la reconstitution et de la récupération des données | | | | | | | | | | Coût total estimé | | | | | | | | | | |
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| 2. Frais supplémentaires : | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Quelles sont les mesures en cas de sinistre vous permettant la poursuite du traitement des données ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* Output réduit de 20 % : | | | | | | |  | | | | | | | | | | | | | | | | |
| \* Output réduit de 50 % : | | | | | | |  | | | | | | | | | | | | | | | | |
| \* Output réduit de 80 % et plus : | | | | | | |  | | | | | | | | | | | | | | | | |
| - Indiquer le nom et l’adresse de la société prévue pour la poursuite du traitement des données : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| - Indiquer : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* la période d’indemnisation souhaitée : | | | | | | | |  | | | | | | | | | | | | | mois | | | | | | | | |
| \* le délai de carence souhaité | | | | | | | |  | | | | | | | | | | | | | jours ouvrables | | | | | | | | |
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| LISTE DES FRAIS DE RECONSTITUTION : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Output réduit de | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | 20% | | | | | 50% | | | | | | | | 80% et plus | | | | | | |
| Hardware | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| Location | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| Salaire du personnel propre | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| Salaire du personnel tiers | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| Chargement pour heures supplémentaires,etc. | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| Divers | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| Coût de transport du matériel | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| Frais de transport du personnel | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| Autres frais | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| **Frais totaux par jour de travail** | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |
| **Frais totaux par an** | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |

Nous soussignés, certifions que les déclarations faites ci-dessus sont à notre connaissance exactes

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| --- | --- | --- | --- |
| **Fait à** |  | **, le** |  |

LE PROPOSANT

(Cachet et signature)