



Assurance

Covers You Right Through

PROPOSAL FORM
POLITICAL VIOLENCE & TERRORISM INSURANCE

(The liability of the Company does not commence until this proposal has been accepted and the premium paid.)

1. Information given herein will be treated in strict Confidence.
2. Put a (✓) mark wherever applicable.
3. If space is not sufficient in any column, please give full details on a separate sheet of paper. Any additional information that is material to the Insurers' assessment of the risk should be attached on a separate sheet. This form should be signed and dated by a legally authorised representative.
4. Kindly answer all questions completely in order to help us to serve you better.

1. THE APPLICANT

- a. Name of applicant
- b. Mailing address of applicant / Contact details
- c. Date and place of applicant established
- d. Business of applicant
- e. Ultimate Parent Company
- f. Details of ownership (Government owned or shareholding, Public Company, Private Co., Private Individual etc.):

2. BREAKDOWN OF ASSET AND BUSINESS INTERRUPTION VALUES

- a. Buildings including full postal address (Reinstatement Value required)
- b. Fixed Plant and Machinery (Replacement Value required)
- c. Mobile Equipment
- d. Business Interruption (B.I.)
- e. Extra Expense & I.C.O.W. (if applicable)
- f. Are there any accumulations of exposures? If so, please give details



Assurance

Covers You Right Through

3. SURROUNDINGS – MAIN LOCATIONS

- a. Description of locality e.g. Industrial, Commercial, Residential or Government.
- b. Distance from nearest Government, Police or Military Buildings (if any)
- c. Are surroundings, or any part of the buildings occupied by any other business? If so, please give details.
- d. Is there anything in close proximity to the insured's premises which could worsen the risk or be deemed a target?
- e. Does the Insured currently (or plan to) provide/perform/hold any contract/service/duty which could cause it to be a target?

4. SECURITY – MAIN LOCATIONS

- a. Details of alarm systems, closed circuit T.V., etc.
- b. Details of guard force (number, training, command etc.)
- c. Do premises have a full perimeter fence with guarded gates? Please give details.
- d. Are their contingency or disaster recovery plans in force? Please give details.

5. HISTORY

- a. Details of any incidents, attacks, losses, labour disputes or threats in last five years?
- b. What steps have been taken to deal with them and prevent re-occurrence?
- c. Does the applicant have any knowledge of any facts which might give rise to a claim under the terms of the proposed Policy? (If yes, please give details)
- d. Please supply details of any other information that may be relevant to the proposed insurance.



Assurance

Covers You Right Through

6.

COVER REQUIRED

TYPE

REQUIRED
LIMIT

- 1) Physical Damage:
- 2) Business Interruption:
- 3) Extra Expense:

DECLARATION

The undersigned Applicant declares that to the best of its knowledge and belief the statements set forth in this application are true and no material information has been withheld.

Signing of this application does not bind the undersigned to complete the insurance, but it is agreed that this application represents material information and shall form the basis and be part of any policy issued.

Signed

Company

Name & Title

Date

IMPORTANT NOTE

1. *Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.*
2. *Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.*
3. *The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion*