

PROPOSAL FORM FOR TERRORISM AND SABOTAGE

AGENT / BROKER ACCOUNT NO. POLICY NUMBER

SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel): (fax):
(mobile): (web):
(email):
(postal): (code): (town/ city):
- c. Proposer Pin Number :

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SECTION 2 - PROPOSAL DETAILS

- i. Period Of Insurance : (From): (To):
- ii. Applicant and all subsidiary companies to be insured under this policy
- iii. Applicant's mailing address:

2. Limits of Liability requested for buildings, contents, and business interruption:

- a) Total each Loss
- i. Buildings each Loss
- ii. Contents each Loss
- iii. Business Interruption each Loss
- b) Total each Policy Year

3. Deductible requested:

4. Policy currency to be used:

5. a) Description of applicant's business operations at the locations to be insured:
(Industrial, Commercial, Residential etc)

b) Status of applicant (private company, public company, government owned):.

c) How important to operation are computer and data processing?

6. Building, contents, and business interruption values at the locations to be insured:

Location	Values	Buildings	Contentst	Building Interruption

7. Physical description of location(s) to insured: (include if possible, plan showing electricity and other utility supplies, delivery/dispatch areas, computer/EDP facilities, authorised entry points, guard posts, restricted areas):

8. Description of area surrounding location(s) to be insured:

a) Describe occupants of surrounding buildings.

b) Is it an area known to suffer from an above average crime rate? Yes No

c) Distance from nearest police station or army post

9. Description of employees and operations at location(s) to be insured:

(a) Number of employees :
operating hours at each location:

(b)Details of ethnic minorities, labour relations, and unions at each location

(c) Number and location of employees in building(s) outside normal working hours:

(d) Are cleaning staff in-house or contract and what are their hours?

(e) What businesses occupy other parts of the building(s) to be insured?

(f) Do these other businesses attract press or public attention? Yes No

10. Description of security at location(s) to be insured:

(a) Details of guard force, number, reports to whom, recruitment, training, duties, details of alarm systems, CCTV etc:

[Redacted area]

(b) Details of key system and control:

[Redacted area]

(c) Details of perimeter fence and gates:

[Redacted area]

(d) Details of access control procedures and equipment

[Redacted area]

(e) How is the building lit (inside and outside)?

[Redacted area]

(f) Who locks the building at night?

[Redacted area]

(g) Details of car parking arrangements

[Redacted area]

11. Description of past history at location(s) to be insured

(a) Give full particulars of any incidents or threats in the past 5 years.

[Redacted area]

(b) Describe steps taken to deal with them and to prevent recurrence:

[Redacted area]

(c) List all property loss for last 5 years:

[Redacted area]

12. Does the applicant, its directors and officers or any other known person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy?

Yes No

DECLARATION

THE UNDERSIGNED AUTHORISED OFFICER OF THE CORPORATION DECLARES TO THE BEST OF HIS KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE.

Proposer's Signature : Date :