



### Political Violence Proposal Form

1. Proposer and all subsidiary companies												
2. Proposer mailing address												
3. Nationality & Date established												
4. Status of Proposer (Private Company, Public Company, government owned, etc.)												
5. Proposer's shareholding												
6. Other Shareholders' percentage detailing nationality												
7. Occupation/Description of Proposer's Business Operation												
8. Policy currency to be used												
9. Coverage required (please tick box): <input type="checkbox"/> <b>Sabotage &amp; Terrorism</b> <input type="checkbox"/> <b>SRCC &amp; Malicious Damage</b> <input type="checkbox"/> <b>Full Political Violence</b>												
10. Physical Assets and Business Interruption values at the locations to be insured/ for multi-location schedule, please give an overview above and provide a separate sheet with details on 5 largest locations. <table border="1"><thead><tr><th>Buildings</th><th>Contents</th><th>Business interruption</th><th>Total Asset Values</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>	Buildings	Contents	Business interruption	Total Asset Values								
Buildings	Contents	Business interruption	Total Asset Values									
11. Limit of Liability requested for Buildings, contents, and business interruption:  a. .... Total Each Loss  i. Building each loss  ii. Contents each loss  iii. Business Interruption each loss  b. .... Total Each Policy												

12. Details of all security arrangements & access by general public to the site
13. Details of any public parking (including street parking)
14. Details of the area surrounding location(s) to be insured (i.e. rural, commercial, industrial, government, etc.)
15. Details of any landmark buildings, government offices, five-star hotels or other high profile locations within 500 meters
16. Describe occupants of surrounding buildings and their occupation
17. Details of any direct or indirect threat that has been made against the Proposer's or any of the shareholders or any other person related to the company
18. Details of any previous acts of Terrorism, Sabotage, SRCC, Malicious Damage, War, etc. against the Proposer's or any of the shareholders or any other person related to the company
19. Reason for requesting a terrorism cover

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

- a. Is there a guard force? ..... if yes, indicate number .....
- b. Are there intrusion detection and CCTV systems? .....
- c. Is there a perimeter fence? ..... Is it lighted? .....
- d. Is there an access control system (i.e. card access, sign-in etc.)?

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- e. Is there a parking area? ..... if yes, where (i.e. within the building, outside etc.)?

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21. Please describe any business involvement the Proposer has with any government agencies, e.g. contractors for defence industry, etc.

22. Please indicate which of the Proposer's premises are either owned, leased from or rented to the government and/or government/state agency

23 Please indicate if there are any of the following in the vicinity of the Proposer's premises.

a. Government premises/sites e.g. Embassies, Consular Facilities, Army/Air Force base etc.	YES/NO
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b. Major economic centres	YES/NO
c. Major tourist attractions	YES/NO
d. Major sporting stadia	YES/NO
e. International airports	YES/NO
f. Period of cover required.	
g. Are any of the assets already covered against terrorism (e.g. under a fire insurance policy)?	YES/NO

**THE APPLICANT DECLares THE STATEMENTS SET FORTH HEREIN TO BE TRUE, COMPLETE AND CORRECT TO THE BEST OF HIS KNOWLEDGE.**

This Application does not bind the Applicant or the Company. However, it is agreed that this Insurance Application will be the basis of the contract, should a policy be issued, and will be attached to, and made part of the policy. The Applicant agrees that if the information supplied on this Application changes between the date set forth below and the inception date of the policy, the Applicant will immediately notify the Company of such changes.

Signed .....

DATE.....

Company .....