

Terrorism proposal form

Please fill in this proposal form as accurately as possible. Your quotation may be invalid if the information submitted in this proposal form is incorrect.

The information provided in this proposal form shall be the basis of this insurance contract should a policy be issued and you are therefore responsible for its accuracy. Please check that you understand all of the questions and that the answers are correct. If you are in any doubt whatsoever, please contact UIB.

To give false information knowingly in answering any of the questions on this proposal form in order to obtain insurance or obtain insurance at a reduced premium could be a criminal offence and will invalidate your insurance.

If you have insufficient space to answer any questions, please attach a separate sheet.

1. The applicant

Name

Address of main office/HQ

Postcode

Nationality

Name of ultimate parent company

Date established

Principal shareholders

Business Operations

Ownership

Applicant's shareholding

Other Shareholders' percentage detailing Nationality and whether Private or Government owned

Who exercises management control?

2. Items at risk and sum insured

Physical Assets and Business Interruption Information

Please attach as Appendix A Property and Business Interruption values in respect of all premises/items to be insured (your current Property Insurance Schedule and Business Interruption Insurance worksheet are acceptable to Underwriters).

3. Terrorism underwriting information

Give details of all security arrangements currently in force in respect of all fixed asset locations

In respect of mobile assets, please give details of security arrangements

When the equipment is in use?

When the equipment is not in use?

Has any threat, whether indirect or direct, been made against the applicant's asset(s), e.g. bomb scares	Yes	No
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If Yes, please provide details

Have there been any previous acts of Terrorism at either;

The applicant's premises (or to their assets)?	Yes	No
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In the immediate vicinity (one mile)?	Yes	No
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Please describe any ancillary reasons for requiring this insurance (e.g. required by a Third Party investor, bank or financial institution, etc.)

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

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

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

Government premises/sites e.g. Army/Air Force base?	Yes	No
Major economic centres e.g. Wall Street?	Yes	No
Major tourist attractions e.g. Disney World?	Yes	No
Major sporting stadia?	Yes	No
International airports?	Yes	No

If Yes, please provide details

4. General level of cover required

Period of cover required

First Loss Cover required Yes No

If Yes, what limit *USD*

Level of preferred excess USD

Are any of the assets already covered against terrorism (e.g. under a fire insurance policy)? Yes No

If Yes, please provide details and/or provide a copy of the clause/cover

Thank you for taking the time to fill in this proposal form. The information will be used for insurance purposes only.

Signature

Name

Position

Date

Contact us:

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