**PROPOSAL FORM**

**POLITICAL VIOLENCE INSURANCE**

Please answer all of the following questions in as much detail as possible.

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 authorized representative.

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| **1.** | **THE APPLICANT** |

1. **PROPOSER DETAILS**

**FOR INDIVIDUAL APPLICATIONS**

1. Name: …………………………………………………………………………………………………..................
2. Date of Birth: ……………………………………………………………………………………………..............
3. Passport/ ID Number: …………………………………………………………………………………..............

**(Please attach copy of ID/Passport)**

1. Nationality: ……………………………………………………………………………………………................
2. Physical Address: ………………………………………………………………………………….....................
3. Telephone Number (s): .………………………………………………………………...................................
4. Email Address: …………………………………………….…………………………………............................
5. Trade / Occupation: …………………………………………………………………………………...............
6. Physical address of Trade/ Occupation: …………………………………………………………..............
7. Source of income: ……………………………………………………………………………………...............

**FOR CORPORATE APPLICATIONS**

1. Registered name of the organization: ……………………………………………………………...............
2. Registration number of the organization: ……………………………………………………….................

**(please attach copy of the registration certificate and TIN)**

1. Source of funds: ………………………………………………………………………………………...............
2. Registered physical address of the organization:

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1. Name of the CD/ MD/ ED / CEO /Authorized representative: …………………………………………………….............................................................................................
2. Date of Birth: ……………………………………………………………………………………………..............
3. Nationality: ……………………………………………………………………………………………................
4. Passport/ ID number (please attach copy): ……………………………………………………................
5. Telephone number(s)………………………………………………………………………………… ..............
6. Email address(es): ……………………………………………………………………………………………………………...............
7. Names of shareholders

**(please attach their ID/ Passport copies)**

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1. **BREAKDOWN OF ASSET AND BUSINESS INTERRUPTION VALUES**

a. Buildings including full postal address & zipcode (US Assureds)

b. Fixed Plant and Machinery

c. Mobile Equipment

d. Business Interruption (B.I.)

e. Contingent BI (if applicable)

f. Extra Expense & I.C.O.W. ( if applicable)

g. What is the basis of depreciation of the assets?

1. What is the basis of valuation of the assets?

i. What accounting basis is used in determining the above?

j. Are there any accumulations of exposures? If so please detail

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| **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)

1. Are surroundings, or any part of the buildings occupied by any other business? If so, please give details.
2. Is there anything in close proximity to the insured’s premises which could worsen the risk or be deemed a target?
3. Does the Insured currently (or plan to) provide/perform/hold any contract/service/duty which could cause it to be a target?

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| **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.

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| **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?

1. 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.

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| **6.** | **COVER REQUIRED** |

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|  | TYPE | | **REQUIRED**  **LIMIT** |
| 1) | Physical  Damage: |  |
| 2) | Business  Interruption: |  |
| 3) | Contingent Business  Interruption: |  |
| 4) | Extra  Expense: |  |

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|  | **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 ……………………………….

Title ..………………………….……. Date ..………………………….………..