

Terrorism Insurance

Proposal Form

(May 2015)

IMPORTANT NOTICE TO THE APPLICANT

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. Insurers rely upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Applicant, and if so, on what terms.

ABOUT THE APPLICANT (Please write in block capitals or cross the appropriate boxes as required)

1. Applicant Company Name:

2. Applicant is a:

Limited Company Other _____

3. Applicant Address:

4. Proposed inception date for policy:

INSURED LOCATIONS

Please fully complete the attached sheet.

EXCESS

- | | |
|---|---|
| <input type="checkbox"/> Follow Assoc Policy (£500 Minimum) | <input type="checkbox"/> 0.15% of value (£1,000 Minimum) |
| <input type="checkbox"/> 0.25% of value (£5,000 Minimum) | <input type="checkbox"/> 0.50% of value (£10,000 Minimum) |
| <input type="checkbox"/> 1.00% of value (£20,000 Minimum) | |
| <input type="checkbox"/> Other: _____ | |

TYPE OF COVER

- Full Reinstatement First Loss
- Limit: £ _____

SELECT COVER

Include cover for...

	Buildings	Contents	NCBR	BI	LOR	ICOW	Liability	Group PA
Requested coverage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cover restrictions and sub-limits may apply

STATEMENT OF FACTS

The Applicant can confirm that:

5. It is a registered UK Company. True False
6. NO business or other activities under its past, present or planned future management or ownership involve any activities or the provision of any products, services or advice in relation to any of the following: True False
- Defence
 - Diplomatic Services
 - Security work for overseas governments
 - Security work in or around countries in the middle east
7. It does NOT have (or is planning to have) any premises, locations, offices or places of business which are or could possibly be considered to be one of or physically connected to any of the following: True False
- An entertainment venue with a capacity of more than 1,500 persons
 - A stadium with a capacity of more than 10,000 persons
 - An hotel with over 200 bedrooms
 - An iconic building
 - A transportation link e.g. airports, bridges tunnels, dams, railway or underground stations
 - A government or embassy building
 - A nuclear installation
8. It does NOT have (or is planning to have) any operations that include the manufacture, production, supply, use or distribution of: True False
- any security scanning, screening or other detection device; or
 - any products used within the aviation industry
9. It does NOT have (or is planning to have) any premises which are private residences and are not part of a building that is insured under a commercial policy. True False
10. It does NOT have (or is planning to have) any premises, locations, offices or places of business located where the first characters of the post code are any of the following EC,W1,WC1 or SW1. True False
11. It has NOT had a proposal for similar insurance declined in the past, or had a similar insurance cancelled or renewal refused or had special terms imposed by other insurers. True False
12. It is NOT aware of any claim(s) that have been made in the past or any circumstance(s) that could give rise to a claim being made in the future that would fall under the scope of this insurance; and True False
13. It is NOT presently insured with Catlin Insurance Company (UK) Limited/ Angel via another broker. True False

If the answer to any of the questions above is FALSE, please provide details in Additional Information.

ADDITIONAL INFORMATION

Note: Additional information is subject to further consideration by Insurers. Use separate sheet if necessary

PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE DECLARATION

The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefore important the Applicant ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker.

Angel Risk Management Limited is a subsidiary of XL Group Ltd. Angel Risk Management is an intermediary which is authorised and regulated by the Financial Conduct Authority (No. 718451). Registered Office: 20 Gracechurch Street, London, EC3V 0BG. Further information about the FCA can be found on the FCA website at www.fca.org.uk. Information about Angel Risk Management Limited can be found at angelriskmanagement.com.

DATA PROTECTION

By signing this Proposal Form the Applicant consents to the Insurer or its representatives using the information Insurers may hold about the Applicant for the purpose of providing insurance and handling claims and to process sensitive personal data about the Insured where this is necessary in compliance with the provisions of the Data Protection Act 1998. This may necessitate providing such information to third parties.

MATERIAL FACTS

All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptance or assessment of the risk by Insurers. If the Applicant is in any doubt as to what constitutes a material fact they should consult their insurance broker.

DECLARATION

The Applicant warrants that all the information contained in this Proposal Form is true and includes all material information. The Applicant warrants that if the information supplied herein changes between the date of this Proposal Form and the inception date of the Policy, the Applicant will immediately notify the Insurers of such change, and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Proposal Form on behalf of the Applicant.

More information is attached to this Proposal Form

Signature: _____ Dated: _____
 Print Name: _____ Position*: _____

** (Must be Chairman, Managing Director or other Director responsible for insurance)*

INSURED LOCATIONS

Address	Use	Building Value	Contents Value	BI (Gross Profit and Rental Income)	ICOW
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£