

QUESTIONNAIRE FOR TERRORISM & POLITICAL RISK

AGENT:	POLICY NO.
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FULL NAME

FULL ADDRESS:

TELEPHONE No.

AGENCY.....

PERIOD OF INSURANCE:	From:	To:
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A. INFORMATION ABOUT THE APPLICANT

1. Company Name

2. Names of all subsidiary companies

3. Head Office Address

4 Ownership of the Company (e.g. Public/Private/Government etc.)

5 Nationality of Ownership

6 Date of commencement of operations

7 Description of Applicant's business operations

8 Is Business Interruption cover required?

Yes No

9 Limit of cover required:

(Single combined limit each and every loss and in the aggregate during the period of Insurance for physical damage and business interruption)

Material Damage

Business Interruption

Aggregate during the period of Insurance for physical damage and business interruption

10 Has the applicant, any of its subsidiaries or any other entity to be insured under this Policy suffered a loss, whether insured or not, in the past five years from an incident of terrorism or sabotage?

Yes No

If yes, list the date, location, type of incident and amount of loss.

11 Has the applicant, any of its subsidiaries or any other entity to be insured under this Policy received any threat(s) against their assets (e.g. bomb scares)?

Yes No

If yes, please provide details.

12 Does the applicant, its directors and officers or any known person have knowledge or information that may reasonably give rise to a claim?

Yes No

If yes, please describe the knowledge or information

13 Description of the area surrounding the location (e.g. rural, commercial, government etc. including name(s) of landmarks

14 Are there any of the following within 500 meters of the location

- (a) Military premises
 - (b) Government Premises
 - (c) Tourist attractions
 - (d) Airport / other transport facilities
 - (e) Landmarks
 - (f) Sporting Venues
 - (g) Religious institutions
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15 Describe the occupants of the surrounding buildings

Rear

Right

Rear Left

Left

Front

16 What, if any, businesses occupy the other parts of the building?

17 Notices to Applicants

B. Location Details

18 Name & Address of location

19 Zip or Postal Code

20 Value of Buildings

21 Value of Contents

22 Business Interruption Value (12 Months)

23 Total Insured Value

24 Is there a Guard Force?

Yes No

If yes, how many guards?

25 Are there intrusion detection system and CCTV systems?

Yes No

26 Is there a perimeter fence?

Yes No

If yes, is it illuminated at night?

27 Is there an access control system?
(E.G card access or sign in procedure)

Yes No

28 Is there a parking area?

Yes No

If yes, where? (E.G. within the Building, outside, etc.)

Declaration:

I/We hereby declare that the particulars of this proposal are true, and I/We agree that the proposal shall be the basis of the contract between myself/ourselves and the GA Insurance Limited.

Date. _____ **Signature of Proponent** _____

