

PROPOSAL FORM

POLITICAL VIOLENCE, TERRORISM & SABOTAGE

Please Note

1. Please answer **ALL** questions in full. If there are insufficient spaces on the form, please continue on the company letterhead.
2. This form may be used for new applications or new renewals. In the case of renewals, the underwriters **MUST** receive a completed, signed and dated proposal form, financials/reports, and acceptance of renewal terms prior to renewal date, failing which, no cover exists after said date.
3. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered, it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.

NB: (No insurance is in force until the Proposal has been accepted by the Company and the premium paid, except as provided by an official Covering Note issued by the Company)

If SKYBRIDGE RE agrees to issue a political violence, terrorism and sabotage policy, all the information, which the company provides, will become part of and shall form the basis of any policies issued to the Company by Skybridge Reinsurance Brokers.

1.a Applicant and all subsidiary companies to be insured under this policy:

1.b Applicant's mailing address:

2. Limits of Liability requested for buildings, contents, and business interruption:

- | | |
|----------|---------------------------------|
| a) _____ | Total each Loss |
| b) _____ | Buildings each Loss |
| c) _____ | Contents each Loss |
| d) _____ | Business Interruption each Loss |
| e) _____ | Total each Policy Year |

3. Deductible requested: _____

4. Policy currency to be used: _____

5.a) Description of applicant's business operations at the locations to be insured: (Industrial, Commercial, Residential etc.)

b) Status of applicant (private company, public company, government owned):

c) How important to operation are computer and data processing?

6. Building, contents, and business interruption values at the locations to be insured:

Location	Values	Buildings	Contents	Building Interruption

7. Physical description of location(s) to insured: (include if possible, plan showing electricity and other utility supplies, delivery/dispatch areas, computer/EDP facilities, authorised entry points, guard posts, restricted areas):

8. Description of area surrounding location(s) to be insured:

a) Describe occupants of surrounding buildings.

b) Is it an area known to suffer from an above average crime rate?

c) Distance from nearest police station or army post.

9. Description of employees and operations at location(s) to be insured:

a) Number of employees and operating hours at each location:

b) Details of ethnic minorities, labour relations, and unions at each location:

c) Number and location of employees in building(s) outside normal working hours:

d) Are cleaning staff in-house or contract and what are their hours?

e) What businesses occupy other parts of the building(s) to be insured?

f) Do these other businesses attract press or public attention?

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

a) Details of guard force, number, reports to whom, recruitment, training, duties:

b) Details of alarm systems, CCTV etc.:

c) Details of key system and control:

d) Details of perimeter fence and gates:

e) Details of access control procedures and equipment:

f) How is the building lit (inside and outside)?

g) Who locks the building at night?

h) Details of car parking arrangements:

11. Description of past history at location(s) to be insured:

a) Give full particulars of any incidents or threats in the past 5 years.

b) Describe steps taken to deal with them and to prevent recurrence:

c) List all property loss for last 5 years:

12. Does the applicant, its directors and officers or any other known person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy?

DECLARATION

I/We declare that the above statements are true and complete.

At the present time, other than as stated above, I / We have no reason to anticipate any claim being brought against me/s that would constitute a claim under the insurance now being renewed or applied for.

I / We declare that in the event of this being a renewal of a policy, there have been no material alterations to the risk as submitted to the underwriter originally, and if a new application that all material facts have been disclosed.

I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.

Full name:

Capacity:

Signature:

Date:
