

## Terrorism Insurance Application

### NEW BUSINESS APPLICATION

**NOTICE: FOR ANY LIABILITY COVERAGE SELECTED, THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIM EXPENSES. FURTHERMORE, CLAIM EXPENSES WILL BE APPLIED AGAINST THE RETENTION.**

**READ THE POLICY AND THIS APPLICATION CAREFULLY AND CONSULT YOUR INSURANCE ADVISOR WITH ANY QUESTIONS.**

#### General Information:

Name of Proposed Insured:

Address of Proposed Insured:

City:

State:

Zip Code:

Website Address:

Date of Formation:

/ /

Business type / Nature of Operations:

**Please note: For purposes of this application, “you/your” includes the Proposed Insured and any other persons or entities seeking coverage under this insurance on whose behalf the Proposed Insured is authorized to submit the following information.**

#### Your Coverage Requests:

1. Please indicate the coverage(s) requested:

Active Shooter and Malicious Attack	<input type="checkbox"/>
Active Shooter and Malicious Attack Property and Liability	<input type="checkbox"/>
Malicious Threat	<input type="checkbox"/>
Nuclear, Chemical, Biological & Radiological (NCBR)	<input type="checkbox"/>
Terrorism and Sabotage	<input type="checkbox"/>
Terrorism and Sabotage Liability	<input type="checkbox"/>

#### Exposure Details:

2. If you are seeking to insure one location only, please complete the table below. If you are seeking to insure multiple locations, please submit an electronic Statement of Values (SOV).

Location Name:		
Address:		
City:	State:	Zip Code:
Building Value: \$		
Business Interruption Value: \$		
Contents Value: \$		
Total Insured Value: \$		

3. Please provide the number of locations and employees comprising your organization:

Locations inside of the USA:	
Locations outside of the USA:	
Employees permanently located inside of the USA:	
Employees permanently located outside of the USA:	

**Financial Information:**

4. Please provide the information requested below and submit electronic financial statements for each proposed insured organization, including subsidiaries, affiliates, and all other related entities. (Gross Income, Net Revenue, etc.):

Current Year Gross Income (total for all organizations):	\$
Prior Year Gross Income (total for all organizations):	\$

**Loss History:**

5. Please list all losses sustained, including property damage, liability, and business interruption loss, whether or not claimed, and if claimed, whether or not reimbursed during the past five years from the completion date of this application by any insurance similar to the coverage requested in this application (including Commercial General Liability insurance). Alternately, you can provide electronic statements detailing such information.

Date of Loss	Type of Loss (Assault, Battery, Threats, Gun Violence, Terrorism, etc.)	Amount of Loss
/ /		\$
/ /		\$
/ /		\$

Check if "None" ( i.e. no loss history to report)

6. Please attach full details of all losses, including descriptions, corrective action taken, estimated ultimate total amount, and amount covered by insurance.

**Risk Analysis Information:**

7. Please describe current security arrangements for all locations:

8. Have any threats (i.e. bomb scares) been made against you? Yes  No

If Yes, please describe:

9. Are any of the following located in the same building as your business OR at neighboring buildings within one (1) mile?

a. Military premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Medical facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Chemical and pharmaceutical facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Government offices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Tourist attractions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Airports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Landmarks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Claims Representation:**

10. Have you suffered any loss or has any claim, whether successful or not, ever been made against you that would be covered by this insurance? Yes  No

If Yes, please provide full details, including the date of each claim or loss, the amount of the claim, defense costs paid, and any remedial action taken:

11. Are you aware of any problem likely to lead to you suffering a loss or a claim being made against you that would be covered by this insurance? Yes  No

If Yes, please specify details of each problem:

**It is understood and agreed that with respect to the claims representation questions above, that if such knowledge of information exists any claim or action arising there from is excluded from this proposed coverage**

**APPLICATION DISCLOSURES:**

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**Proposed Insured Information:**

Proposed Insured Name:

By (Authorized Signature):

Name/Title:

Date:

**Producer Information:**

Producer Name:

Date:

Address of Producer:

Street:		
City:	State:	Zip:
E-Mail Address:		

Return to [Submit@bsrins.com](mailto:Submit@bsrins.com)