

Terrorism Cover



Proposal Form

TERRORISM COVER

Return to submit@bsrins.com

Cover Required

Perils to be covered:

Proposer Details

Company Name:

Address of Main Office/HQ:

State:

9 Digit Zip Code:

Business Type/
Nature of Operations

Insured Values

Physical Assets and Business Interruption Information
Or as per an attached schedule to be provided to Broker (Preferably Electronically)

Address	9 Digit Zip Code	Property Value	Business Interruption	Total Values

Summary

Property Damage

Business Interruption

Total

TERRORISM COVER

Risk Analysis Information

Current security arrangements for all locations:

Has any threat been made against the proposer's assets(s), e.g. bomb scares?

YES NO

If YES, please provide details:

Have there been any previous acts of Terrorism at either;

i) The proposer's premises (or to their assets)?

YES NO

ii) In the immediate vicinity (one mile)?

YES NO

Please describe any ancillary reasons for requiring this insurance:

Is the building shared with any other occupants?

YES NO

If YES, please state who:

Please describe the surrounding area and occupants of neighbouring offices/buildings:

Please describe any business involvement the Proposer has with any government agencies, e.g. contractors for defence industry, etc.

TERRORISM COVER

Please indicate which of the Proposer's premises are either owned, leased from or rented to the government and/or government/state agency:

Are any of the following within 500m of the assets;

- | | | |
|---|------------------------------|-----------------------------|
| Military Premises? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Medical Facilities practising Elective Abortion? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Chemical and Pharmaceutical Facilities engaged in research and testing involving animals? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Government Premises? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Tourist Attractions? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Airport? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Landmarks? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



TERRORISM COVER

DATA PROTECTION

By signing this Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below.)

I understand that the signing of this proposal does not bind me to an insurance contract but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of Proposer

Date

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Return to **Submit@bsrins.com**