



APPLICATION FOR ACTIVE ASSAILANT INSURANCE

A policyholder (and their insurance agent) has a duty to disclose all information which a prudent insurer would wish to consider in deciding whether or not to accept a risk, upon what terms and at what price. Failure to comply with this duty may give the insurer the right to void the policy from its inception.

Completing and signing this application does not bind either the business or the insurers to enter a contract of insurance. If there is insufficient space to provide the requested information, please use the Additional Information page at the end of the Application Form.

I. GENERAL INFORMATION

A. Name and address of Applicant:

B. Person To Contact (Name, Title, E-mail, Telephone):

C. Website:

D. Describe nature of the Applicant's business:

E. Number of locations:

F. Total Number of Employees:

G. Total Number of Visitors/Guests Per Day/Per Year:

H. Has the proposed coverage ever been purchased before, whether specifically or as a part of or addition to another coverage? Yes No

<u>Year</u>	<u>Type of Coverage</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I. Has any insurer ever canceled or non-renewed the Applicant or its predecessor for this type of coverage? Yes No
(If Yes, please provide details on a separate sheet)

J. Details of any Incidents at the Insured Location(s) within the last 5 years

i) Please provide a summary of any Active Assailant incidents that have occurred at a location to be insured during the past 5 years (even if these events were not insured).

ii) Have you received any threats of an Active Assailant incident during the past five years? If yes, please provide details.

iii) During the past five years, has your business been impacted by an Active Assailant incident within a one mile radius? If yes, please provide details.

K. What Insured limits are required? (Limits apply per Insured Event)

L. Insured Values
 Please provide the Physical Assets and Business Interruption Information

Address	Zip Code	Property Value	Business Interruption	Total Values

II. SECURITY PROCEDURES

A Have preventative security procedures been carried out? Yes No

If Yes, please answer the following questions:

- i) What type? (Security personnel, installation of equipment, etc.)

- ii) Are guards screened before being granted access to a location to be insured? If yes, please provide details:

- iii) Are guests screened before being granted access to a location to be insured? If yes, please provide details:

- iv) Any other measures?

III. ACTIVE ASSAILANT PREVENTION AND PRECAUTIONS

A Please provide details of any Active Assailant prevention policies, drills or procedures?

B Please provide details of any Active Assailant training which has been conducted over the past 24 months?

C Are any locations to be insured located near (within 100 metres) of any of the following: religious buildings, police or army station, government buildings including embassies.

We have read the above and declare that to the best of our knowledge and belief, the statements are true and complete.

Signing this form does not bind the applicant to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature: (on behalf of the Company)	
Print Name:	
Position within the Company:	
Date:	

ADDITIONAL INFORMATION: