



AFRO-ASIAN
INSURANCE SERVICES LTD

* International Insurance & Re-insurance Brokers *

SABOTAGE & TERRORISM

APPLICATION FORM

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.

DETAILS OF APPLICANT

1. Name(s) of all entities to be Insured:

2. Address of the Applicant Head Office:

Postcode:

3. Complete below the values by Location. If more than 4 locations please provide in XLS format.

<u>Location</u>	<u>Zone / Province</u>	<u>Occupancy</u>	<u>Values: Property Damage</u>	<u>Business Interruption</u>

4. Deductible Requested?

SECURITY

5. Distance(s) from nearest Police or Army Post?

6. Details of neighbouring premises (including height and occupancy)
It is not sufficient to state "highway", "road" or similar.

- i) North
- ii) South
- iii) East
- iv) West



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7. Brief Physical Description of Premises including

Number of floors/basements

Type of construction

Details of any car-parking facilities

Details of any public access

8. Details of Security guards

Whether own/ Private company/ Military/ Police

Numbers by day/ at night/ at weekends

9. Does the premises have a full perimeter fence/wall:

If yes, please advise

Height:

Type:

Number of gates/entrances/access points:

How access is controlled:

9. Have there been any losses or threats within the last 5 years?

10. What steps have been taken to deal with them and to prevent recurrence?

IMPORTANT NOTICE

- You must inform us of any fact that may influence our decision to accept this risk or the terms upon which the risk is accepted. Failure to so inform us may invalidate this insurance or any claim made under it. If in doubt as to whether a fact should be disclosed to us, please consult your broker.
- The particulars provided by, and statements made by, or on behalf of the Applicant(s) contained in **this application form and any other information submitted or made available by, or on behalf of the Applicant(s) are the basis for the proposed policy** and will be considered as being incorporated into and constituting a part of the proposed policy.

DECLARATION

I/We am/are authorised to complete this Application Form on behalf of all parties entitled to coverage under



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this insurance.

Signed:

Capacity:

Company:

Date:

A copy of this Application Form should be retained for your own records.