

PROPERTY TERRORISM & SABOTAGE APPLICATION

1.	a. <i>A</i>	Applicant and	l all subsidiary o	companies to be ins	sured under this po	olicy:		
	b. <i>A</i>	Applicant's m	ailing address:					
2.	Limi	Limits of Liability requested for buildings, contents, and business interruption:						
	a			Total each Loss				
	i			Buildings each Lo	SS			
	ii			Contents each Los	SS			
	iii			Business Interrupt	ion each Loss			
	b			Total each Policy	Year			
3.	Ded	luctible reque	ested:					
4.	Poli	Policy currency to be used:						
5.	a.	1	of applicant's b Commercial, Re	usiness operations esidential etc).	at the locations to	be insured:		
	b. Status of applicant (private company, public company, government owned):							
	C.	How import	cant to operation	are computer and	data processing?			
6.	Buil	lding, conten	ts, and business	interruption values	s at the locations to	o be insured:		
	Loc	ation_	Values:	Buildings	Contents	Business 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?
13.	Additional information needed: 1. Latitude / Longitude coordinates 2. Political Affiliation of the Insured
	UNDERSIGNED AUTHORISED OFFICER OF THE CORPORATION ARES TO THE BEST OF HIS KNOWLEDGE THAT THE STATEMENTS FORTH HEREIN ARE TRUE.
Autho	rised Signature of Applicant:
Name	and Title of Authorised Officer:
Date:	