

## Terrorism Insurance Proposal Form

### Name and Address Details of Applicant

Applicant Company Name	<input type="text"/>		
Main Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number	<input type="text"/>	Fax No.	<input type="text"/>
Contact Name	<input type="text"/>		<input type="text"/>
Contact Email Address	<input type="text"/>		

Is the applicant Company a Limited company registered at Companies House?

Yes ☐ No ☐

### 2. Insured Locations

List the addresses of all of the locations you wish to insure;

Address	Postcode	Use	Full Value	Contents Value	BI/ICOW
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If more than 5 properties please continue on a separate sheet

Type of Cover required (please tick)

Full Reinstatement ☐ First Loss ☐

If first loss cover is required, please confirm the required limits:

First Loss Limit	Contents	BI/ICOW
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. Selected Cover

Include Cover for the following:

Buildings	Yes <input type="checkbox"/>	Nuclear & Biological	Yes <input type="checkbox"/>	Increased cost of working	Yes <input type="checkbox"/>
Contents	Yes <input type="checkbox"/>	Business Interruption	Yes <input type="checkbox"/>	Loss of Rent	Yes <input type="checkbox"/>

### 4. Statement of Fact

The Applicant can confirm that:

It is a registered UK Company?

Yes ☐ No ☐

NO business or other activities under its past, present or planned future management or ownership involve any activities or the provision of any products, services or advice in relation to any of the following:

Yes ☐ No ☐

- Defence or Diplomatic Services
- Security work for overseas governments
- Security work in or around countries in the middle east

## 4. Statement of Fact (Cont)

It does NOT have (or is planning to have) any premises, locations, offices or places of business which are or could possibly be considered to be one of or physically connected to any of the following:

Yes ☐ No ☐

- An entertainment venue with a capacity of more than 1,500 persons
- A stadium with a capacity of more than 10,000 persons
- An hotel with over 200 bedrooms
- An iconic building
- A transportation link e.g. airports, bridges tunnels, dams, railway or underground stations
- A government or embassy building
- A nuclear installation or penalty order?

It does NOT have (or is planning to have) any operations that include the manufacture, production, supply, use or distribution of:

Yes ☐ No ☐

- any security scanning, screening or other detection device; or
- any products used within the aviation industry

It does NOT have (or is planning to have) any premises which are private residences and are not part of a building that is insured under a commercial policy?

Yes ☐ No ☐

It does NOT have (or is planning to have) any premises, locations, offices or places of business located where the first characters of the post code are any of the following EC,W1,WC1 or SW1.

Yes ☐ No ☐

It has NOT had a proposal for similar insurance declined in the past, or had a similar insurance cancelled or renewal refused or had special terms imposed by other insurers.

Yes ☐ No ☐

It is NOT aware of any claim(s) that have been made in the past or any circumstance(s) that could give rise to a claim being made in the future that would fall under the scope of this insurance; and

Yes ☐ No ☐

It is NOT presently insured with Inperio Limited via another broker.

Yes ☐ No ☐

If the answer to any of the above is Yes, please provide full details and include a copy of all reports issued by the relevant body.

## 5. Important Notice / Declaration

By signing this proposal form you consent to Inperio Ltd using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us and to insurers, (which includes their re-insurers, legal advisors, loss adjusters or agents). 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 in respect of 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, where relevant, 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 fee) and to have any inaccuracies corrected.

I/We declare that the Statement and Particulars in this Proposal are true and that I/We have not mis-stated or suppressed any Material Facts. I/We agree that this Proposal, together with any other information supplied by Me/Us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance. Signing this Declaration does not bind the Proposer or Insurer to complete this insurance.

Signature

Name

Position

Date

**Inperio Limited**

150 Minorities, London EC3N 1LS

+44 20 7347 5800 | [www.inperio.co.uk](http://www.inperio.co.uk)

Inperio Limited is an Appointed Representative of Bannerman Rendell Limited who is authorised and regulated by the Financial Conduct Authority, Firm Reference Number 308692