## TERRORISM, SABOTAGE AND POLITICAL VIOLENCE APPLICATION

1.	a.	Applicant and all subsidiary cor	npanies to be insured under this policy:	
	b.	Applicant's mailing address:		
2.	Limits of Liability requested for buildings, contents, and business interruption:			
	a.	To	otal each Loss	
	i.	В	uildings each Loss	
	ii.	C	ontents each Loss	
	iii.	В	usiness Interruption each Loss	
	b.	T	otal each Policy Year	
3.	De	eductible requested:		
4.	Ро	Policy currency to be used:		
5.	a.	. Description of applicant's bus (Industrial, Commercial, Residual)	iness operations at the locations to be insured: dential etc).	
	b.	. Status of applicant (private co	ompany, public company, government owned):	
	C.	. How important to operation a	re computer and data processing?	

6. Building, contents, and business interruption values at the locations to be insured: Buildings Location Values: Contents **Building 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:

Details of alarm systems, CCTV etc:

Date :	
	and Title of Authorised Officer :
Autho	rised Signature of Applicant :
DECL	UNDERSIGNED AUTHORISED OFFICER OF THE CORPORATION ARES TO THE BEST OF HIS KNOWLEDGE THAT THE STATEMENTS FORTH HEREIN ARE TRUE.
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?
	c. List all property loss for last 5 years:
	b. Describe steps taken to deal with them and to prevent recurrence:
	a. Give full particulars of any incidents or threats in the past 5 years.
11.	Description of past history at location(s) to be insured:
	g. Details of car parking arrangements:
	f. Who locks the building at night?
	e. How is the building lit (inside and outside)?
	d. Details of access control procedures and equipment:
	c. Details of perimeter fence and gates:
	b. Details of key system and control: