

UIB TERRORISM

TERRORISM QUESTIONNAIRE

This Application for Terrorism Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the underwriters to decide whether or not to authorise the binding of insurance.

Section 1 - The Applicant

1. Name: _____
2. Address of main office/HQ: _____

3. Nationality: _____
4. Name of ultimate parent company: _____

5. Date established: _____
6. Principal shareholders: _____
7. Business Operations: _____

8. Ownership:
Applicant's shareholding: _____ %
Other Shareholders' percentage detailing Nationality and whether Private or Government owned:

10. Who exercises management control: _____

Section 2 - Items at Risk and Sums Insured

1. **Physical Assets and Business Interruption Information**

Please attach as Appendix A Property and Business Interruption values in respect of all premises/items to be insured (your current Property Insurance Schedule and Business Interruption Insurance worksheet are acceptable to Underwriters).

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Section 3 – Terrorism Underwriting Information

1. a) Give details of all security arrangements currently in force in respect of all fixed asset locations:

b) In respect of mobile assets, please give details of security arrangements:

i) When the equipment is in use: _____

ii) When the equipment is not in use: _____

2. a) Has any threat, whether indirect or direct, been made against the applicant's asset(s), e.g. bomb scares: YES/NO

If YES please provide details _____

b) Have there been any previous acts of Terrorism at either;

i). The applicant's premises (or to their assets)?

ii). In the immediate vicinity (one mile)?

3. Please describe any ancillary reasons for requiring this insurance, e.g. required by a Third Party investor, bank or financial institution, etc.

4. Please describe any business involvement the Proposer has with any government agencies, e.g. contractors for defence industry, etc.

5. Please indicate which of the Proposer's premises are either owned, leased from or rented to the government and/or government/state agency.

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6. Please indicate if there are any of the following in the vicinity of the Proposer's premises.

- | | |
|---|--------|
| i) Government premises/sites e.g. Army/Air Force base | YES/NO |
| ii) Major economic centres e.g. Wall Street | YES/NO |
| iii) Major tourist attractions e.g. Disney World | YES/NO |
| iv) Major sporting stadia | YES/NO |
| v) International airports | YES/NO |

If YES then please provide details _____

Section 4 – General Level of Cover Required.

1. Period of cover required _____

2. First Loss Cover required YES/NO

If YES, what limit: USD

3. Level of preferred excess USD

4. Are any of the assets already covered against terrorism (e.g. under a fire insurance policy)? YES/NO

If YES, please give details and/or provide a copy of the clause/cover: _____

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DECLARATION:

To the best of my knowledge and belief, the information provided in connection with this Application, whether my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a "material fact" will entitle underwriters to void the Insurance.

(*N.B. A material fact is one likely to influence acceptance or assessment of this Application by underwriters. If you are in doubt as to what constitutes a material fact, you should consult your Broker).

It is understood the signing of this Application does not bind the Applicant to complete or underwriters to accept this Insurance but the Applicant agrees that, should the Contract of Insurance be concluded, this Application and the statements made therein, shall form part of the Contract.

I, the Applicant, accept these conditions as the Proposed Insured or agent of the Proposed Insured and that any quotations and any subsequent insurance will become null and void if any of the foregoing conditions are breached.

Signature: _____

Date: _____

Name: _____

Position: _____