



TERRORISM APPLICATION FORM

This cover is available to companies located in the United States of America and Canada. The premium will be based on the profile of locations provided by you in this Application Form.

PLEASE COMPLETE ALL THE FOLLOWING QUESTIONS

1) Details of Applicant

Applicant's company name	
Applicant's main address	
Zip Code:	
Contact name	
Telephone number	
Email Address	
Brief Business Description	
Period of Insurance required	

**2) Confirm the values of all the locations you wish to insure.
Attach a list of the properties you wish to insure.**

USD/CAD

Total Insured Value for all properties combined:
Total Property Damage value for all properties combined:
Total Business Interruption value for all properties combined,
Including Business Interruption Indemnity Period:

Please attach the schedule of values; a list of each property to be insured on a separate sheet, including address, zip code, use of the premises, building value, contents value and BI/ICOW * sum insured, if required.

* Business Interruption / Increased Cost of Working

3) State the type of cover required

Sum Insured (please tick): Full Value: First Loss:

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

First loss limit	Contents	BI / ICOW
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tick if you wish to include cover for any of the following extensions:

Buildings: Yes Loss of Rent: Yes Increased Cost of Working: Yes
 Contents: Yes Business Interruption: Yes

4) Statement of Fact

The Applicant can confirm that:

It is a registered UK Company Yes No

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

- Defence or Diplomatic Services Yes No
- Security work for overseas governments Yes No
- Security work in or around countries in the Middle East Yes No

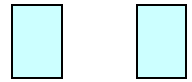
It does NOT have (and is not planning to have) any premises, locations, offices or places of business which are or could possibly be considered to be one of or physically connected to any of the following:

- An entertainment venue with a capacity of more than 1,500 persons, Yes No
- A stadium with a capacity of more than 10,000 persons Yes No
- An hotel with over 200 bedrooms Yes No
- An iconic building Yes No
- A transportation link, e.g., airport, bridge, tunnel, dam, bus station, railway station or underground station Yes No
- A government or embassy building Yes No
- A nuclear installation 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 Yes No

could give rise to a claim being made in the future that would fall under the scope of this insurance



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

5) Important Notice and Declaration

By signing this proposal form you consent to Harris Global Insurance LLC using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling any claims and to process sensitive personal data about you where this is necessary (for example, criminal convictions). This may mean that 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 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 information and answers given in this form are true to the best of our knowledge and believe that we have no mis-stated or suppressed any material facts that may influence the assessment of the risk. At any time during the Period of Insurance if conditions, exposures or circumstances materially increase from that declared herein, it is understood that we are required to advise insurers immediately. We also understand that completion of this form does not bind insurers or confirm our acceptance of this Insurance.

Signature:

Print Name:

Position:

Date: