



**MALICIOUS ATTACK APPLICATION FORM**

Note: This Application Form must be completed by the Proposed Insured.

**1. INSUREDS NAME & MAILING ADDRESS:**

<b>Applicant's Company Name:</b>	
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<b>Applicant's Mailing Address:</b>	
	<b>Zip (postcode):</b>

<b>Website Address:</b>	<b>www.</b>
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**2. BUSINESS ESTABLISHED:**

<b>Year Business Established:</b>	
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**3. DESCRIPTION OF INSUREDS BUSINESS OPERATIONS**

<b>Business Activities:</b>	

**4. COVER REQUIRED:**

<b>MALICIOUS ATTACK (Property Damage, Business Interruption and Crisis Management):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Including Loss of Attraction:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



<b>Including Malicious Attack Liability:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Malicious Attack Package (including Property Damage, Business Interruption, Crisis Management and Liability):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**5. INSURED VALUES:**

Physical assets and business interruption (Please provide separate schedule if multiple locations:

<b>Property Damage:</b>	\$
<b>Business Interruption:</b>	\$
<b>Combined Total (PD/BI):</b>	\$

**6. MALICIOUS ATTACK LIABILITY**

If Malicious Attack Liability is required, please complete the following:

<b>Liability Limit:</b>	\$500k <input type="checkbox"/>	\$1m <input type="checkbox"/>	\$2mm <input type="checkbox"/>	\$5m <input type="checkbox"/>
<b>Total Number of Employees:</b>				
<b>Approximate Number of Visitors / Students / Residents / Patients etc. (annual figure):</b>				
<b>Risk Analysis (please describe your current security arrangements for all locations):</b>				



<b>Do You Have An Active Shooter / Emergency Plan That Sets Out Protocols For Evacuation, Lockdown &amp; Response To An Attack Assault:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do You Have Security Screening Measures For Employees:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have You Had Any Threats / Incidents / Claims Related To Malicious Attacks At Your Premises In The Last 5 Years:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide details)

Should there not be enough room on this application form to fully enter the details required, please continue on a separate sheet of paper and attach to this application form.

IT IS THE DUTY OF THE INSURED AND THE INSURED’S AGENT TO DISCLOSE ALL MATERIAL FACTS TO UNDERWRITERS BEFORE THE CONTRACT OF INSURANCE IS CONCLUDED AND ANY FAILURE TO DO SO MAY VOID THE INSURANCE CONTRACT. COMPLETION OF THIS QUESTIONNAIRE DOES NOT RELIEVE THE INSURED AND THEIR AGENTS OF THIS DUTY AND IT IS ESSENTIAL THAT ALL MATERIAL FACTS WHICH ARE NOT INCLUDED WITHIN THE ANSWERS TO THE QUESTIONS POSED HEREIN ARE DISCLOSED TO UNDERWRITERS IN ADDITION.

I (THE APPLICANT) DECLARE THAT THE ATTACHED PARTICULARS AND ANSWERS ARE TRUE, CORRECT AND COMPLETE IN EVERY RESPECT TO MY KNOWLEDGE AND BELIEF. I AGREE THAT THIS APPLICATION AND DECLARATION SHALL FORM THE BASIS OF INSURANCE BETWEEN ME AND THE UNDERWRITERS IF A POLICY IS ISSUED.

Name and Position: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_