



**TERRORISM COVER  
Proposal Form**

---

**Section 1 - The Proposer**

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:  
Proposer'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).

---

**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 proposer'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 proposer'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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. a) 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: \_\_\_\_\_

---

**Section 5 - Declaration**

The undersigned authorised representative(s) of the applicant hereby declare(s) that the statements made in this proposal form are complete to the best of his/her knowledge and belief and that he/they have not withheld any material information.

The applicant accepts that any dispute that may arise in connection with any policy issued shall be referred to arbitration and that the applicant shall accept unconditionally the sole judgement of the arbitrator(s) as to whether any claim is payable under any such policy. The applicant undertakes not to disclose to any third party the existence of this application or any policy that may be issued and agrees that this proposal form shall form the basis of and be part of any such policy.

NAME:

---

SIGNATURE:

---

POSITION:

---

DATE:

---





**Delaware Valley Underwriting Agency, Inc.**

**ADDENDUM TO APPLICATION**

Insured's/Applicant's Name: \_\_\_\_\_

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

**I have read and accept the above (To be signed by the Insured/Applicant)**

---

Insured/Applicant Signature

Date