

# **Political Violence Insurance Proposal Form**

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**Cover Required**

Perils to be covered: Sabotage & Terrorism  
 Riots, Strikes and/or Civil Commotion & Malicious Damage  
 Insurrection, Revolution, Rebellion, Mutiny and/or Coup d'Etat  
 War and/or Civil War  
 Looting (Following an Insured Peril only)

Yes	No

**Proposer Details**

Company name:

Registered address:

Web-site address:

Business type / nature of operations:

**Insured Values**

Physical Assets and Business Interruption information  
 Or as per an attached schedule of locations and values (in Excel format if possible)

Address	Post (zip) code	Property Value	Business Interruption	Total Values

**Summary**

Property Damage:

Business Interruption:

Total:

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**Coverage requirements**

Sum insured / first loss limit:  
Please provide details of all options required

any one occurrence and in the aggregate

Deductibles / self-insured retention:  
Please provide details of all options required

Property Damage
Business Interruption

any one occurrence

(days) any one occurrence

Period of Cover Required:

Property Damage extensions:  
Please provide details of any coverage extensions beyond the normal scope of the pro-forma Wording

Business Interruption coverage:  
Please provide details of the basis of coverage for Business Interruption  
(eg. Gross Earnings, Gross Profit, Gross Revenue, Extra Expense, Increased Cost of Working Loss of Rent, etc.)

Business Interruption extensions:  
Please provide details of any coverage extensions  
(eg. Extra Expense, Extraordinary Extra Expense, Increased Cost of Working, Additional Increased Cost of Working, Loss of Rent, Suppliers, Customers, Group Interdependency, Denial of Access, Failure of Public Utilities, etc.)

**Political Violence Insurance Proposal Form****Risk Analysis Information**

Please provide details of current security arrangements for all locations

Have there been any previous acts of Terrorism at either;

i) The proposer's premises and/or to their assets?

YES

NO

ii) In the immediate vicinity (one mile)?

YES

NO

If YES, please provide full details

Has any threat ever been made against the proposer's premises and/or to their assets (eg a bomb scare)?

YES

NO

If YES, please provide full details

Please provide any other material facts that might influence this risk  
(eg. the proximity of local police stations and/or military barracks, the proximity of Government premises, the proximity of landmarks and/or tourist attractions, etc.)



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**Declaration**

**You must read this before signing below.**

To the best of my knowledge and belief the information provided in connection with this proposal, whether in 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 avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters.)

**I understand that the signing of this proposal does not bind me to an insurance contract but agree that, should a contract of insurance be concluded with underwriters, this proposal and the statements made herein shall form part of the basis of the contract.**

Signature

Date

Position Held

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into a contract of insurance. A copy of your completed proposal form will be available upon request provided that a contract of insurance is effected.

You must inform underwriters of any change in circumstances which will materially affect this insurance.

**Please return this proposal form together with any supporting documentation to [Freddie.Tyler@CosteroBrokers.com](mailto:Freddie.Tyler@CosteroBrokers.com)**