

# Terrorism Cover



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# Proposal Form



## TERRORISM COVER

### Cover Required

Perils to be covered:

### Proposer Details

Company Name:

Address of Main Office/HQ:

State:

9 Digit Zip Code:

Business Type/  
Nature of Operations

### Insured Values

Physical Assets and Business Interruption Information  
Or as per an attached schedule to be provided to Broker (Preferably Electronically)

Address	Property Value	Business Interruption	Total Values

### Summary

Property Damage

Business Interruption

**Total**

**TERRORISM COVER**

**Risk Analysis Information**

Current security arrangements for all locations:

Has any threat been made against the proposer's assets(s), e.g. bomb scares?

YES  NO

If YES, please provide details:

Have there been any previous acts of Terrorism at either;

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

YES  NO

ii) In the immediate vicinity (one mile)?

YES  NO

Please describe any ancillary reasons for requiring this insurance:

Are any of the following within 500m of the assets;

- |   |     |
|---|-----|
| Military Premises?  | YES |
| Medical Facilities practising Elective Abortion?  | YES |
| Chemical and Pharmaceutical Facilities engaged in research and testing involving animals? | YES |
| Government Premises?  | YES |
| Tourist Attractions?  | YES |
| Airport?  | YES |
| Landmarks?  | YES |

## TERRORISM COVER

### DATA PROTECTION

By signing this Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to 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 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 small fee) and to have any inaccuracies corrected.

### 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. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below.)

**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, this proposal and the statements made therein shall form the basis of the contract.**

Signature of Proposer

Date

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

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.