



Form. No. : F-UW-28 Terrorism & Political Proposal Form

A INFORMATION ABOUT THE APPLICANT

1	Company Name
2	Names of all subsidiary companies
3	Head Office address
4	Physical Address
4	Ownership of the Company (e.g. Public/Private/Government/etc)
5	Nationality of Ownership
6	PIN Number (please attach copy)
7	Date of commencement of operations
8	Description of applicant's business operations
9	Is business interruption cover required
10	Limit of cover required: Single combined limit each and every loss In the aggregate during the Period of insurance (Insured for physical damage and business interruption)
11	Has the applicant, any of its subsidiaries or any other entity to be insured under this policy suffered a loss, whether insured or not, in the past five years from an incident of terrorism or sabotage? If yes, list the date, location, type of incident and amount of loss?
12	Has the applicant, any of its subsidiaries or any other entity to be insured under this policy received any threat(s) against assesses (e.g. bomb scares)? If yes, please provide details.

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13	Does the applicant, its directors and officers or any known person have knowledge or information that may reasonably give rise to a claim? If yes, please describe the knowledge or information.
14	Description of the area surrounding the location (e.g. rural, commercial, government, etc. including name(s) of landmarks.
15	Are there any of the following within 500 metres of the location? Military premises, Government premises, Tourist attractions, Airport/other transport facilities, Landmarks, Sporting venues, Religious institutions
16	Describe the occupants of the surrounding buildings: a) Rear right b) Rear Left c) Left d) Right e) Front
17	What, if any, businesses occupy the other parts of the building?
18	Notice to applicants

B LOCATION DETAILS

1	Name and address of location
2	Zip or postal code
3	Value of buildings
4	Value of contents
5	Business interruption value (12 months)
6	Total insured value

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7	Is there a guard force? If yes, how many guards?
8	Are there intrusion detection and CCTV systems?
9	Is there a perimeter fence? If yes, is it illuminated at night?
10	Is there an access control system? (e.g. card access or sign in procedure)
11	Is there a parking area? If yes, within the building, outside, etc)

C OTHER COVERS (provide a separate schedule with)

1	Do you need cover for GIT
2	Do you need cover for WIBA
3	Do you need cover for Group Personal Accident
4	Do you need cover for Money
i)	Do you have a contract with any security firm to escort the money
ii)	If yes give the name of the firm
iii)	Are they accompanied by armed policemen
iv)	Give limit that must be escorted by police
5	Do you need cover against Public Liability
6	Do you need cover for looting?
i)	State the limit of cover required Please state the source of funds for payment of premium for this policy:
D	
E	Name and title of authorized officer
F	Date

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