

# Crisis Complete Proposal Form

## Proposer Details

(a) Applicant and all subsidiary companies to be insured under this policy:

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(b) Applicant's Head office address:

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(c) Nature of business / Industry type

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(d) Financial Information (from last annual report):

Total annual revenues: \_\_\_\_\_ Estimated total assets: \_\_\_\_\_

(e) Insured Persons: Are all of the directors, officers and employees to be insured?

Y ☐

N ☐

Total number of individuals to be insured: \_\_\_\_\_

## Territorial Breakdown

(a) Please list all countries where Applicant has operations (further space can be found on Page 4):

Country	Local Nationals	Expatriate Employees	Consultants (if required)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) Please list all countries visited for business purposes (further space can be found on Page 5):

Country	Number of Visits annually	No. of Travellers per visit	Average visit duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Security Details

- (a) Does the applicant have a dedicated internal security department or outsourced security support?

Y ☐ N ☐

- (b) Does the applicant have any formalised crisis management and/or security plans?

Y ☐ N ☐

If Yes to a) or b), please provide full details:

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## Crisis Communications

- (a) Does the applicant have a dedicated communications department or outsourced communications support?

Y ☐ N ☐

- (b) Does the applicant have any formalised crisis communications plans?

Y ☐ N ☐

If Yes to a) or b), please provide full details:

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## Other Insurances

- (a) Does the applicant have any form of security related insurance policies currently in place, such as Kidnap and Ransom, Product Recall, Cyber, Workplace Violence or Active Assailant?

Y ☐ N ☐

If Yes please provide full details:

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## Previous Events

- (a) Has the applicant experienced any previous incidents involving environmental contamination caused by pollution?

Y ☐ N ☐

If Yes please provide full details:

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- (b) Has the applicant been affected by any natural or man-made disaster, or epidemic or pandemic events, that have a significant impact on their operations, peropert or personnel?

Y ☐ N ☐

If Yes please provide full details:

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- (c) Has the applicant been involved with any events that have resulted in significant disruption to labour relations?

Y ☐ N ☐

If Yes please provide full details:

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## Previous Events Continued

- (d) Has the applicant suffered any significant security related incidents which resulted in property damage, injury or death to employees or disruption to business operations?

Y ☐ N ☐

If Yes please provide full details:

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- (e) Has the applicant been involved with any events that have resulted in significant disruption to labour relations?

Y ☐ N ☐

If Yes please provide full details:

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- (f) Has the applicant experienced any kidnap, extortion or threat events?

Y ☐ N ☐

If Yes please provide full details:

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- (g) Has the applicant ever been impacted by a confiscation, expropriation, forced abandonment or illegal seizure of property or assets?

Y ☐ N ☐

If Yes please provide full details:

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- (h) Has the applicant's employees ever experienced any incidents of assault or workplace violence?

Y ☐ N ☐

If Yes please provide full details:

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I/we declare that this proposal form has been completed after a fair presentation of the risk being made by the insured; it's contents are true and accurate and that all material facts and matters or sufficient information to put a prudent insurer on notice that further enquiries are needed has been disclosed to the Insurer as part of this Proposal Form.

I/we undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of this Proposal for insurance.

I/we under that non-disclosure or misrepresentation of a material fact or matter entitle the Insurer to avoid the policy, may impact the terms of the cover or may mean that a claim is not paid or is not paid in full.

Signed:

(to be signed by Chairman/Chief Executive or equivalent)

Company:

Date:

## Territorial Breakdown Continued

(a) Please list all countries where Applicant has operations

[illegible]

## Territorial Breakdown Continued

(b) Please list all countries visited for business purposes

[illegible]