# Proposal Form

Samphire Protect Safeguard

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| Notice to the proposed PolicyholderPlease answer all the questions in full and sign the declarations at the end of this proposal.* In deciding whether to accept the insurance and in setting the terms and premium, we will rely on the information you give us. Please take care to ensure that all information provided is correct, accurate and complete
* You must give a fair presentation of the risk to be insured by clearly disclosing all material facts and circumstances (whether or not subject to a specific question) which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search
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**Risk Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed customer | 1. | Company name & website: |       |
|  |
|  |  | Head office address: |       |
|  |  |  |  |
| Business activities | 2. | Nature of business: |
|  |  |       |
|  |  |  |
| Locations/Employees | 3. | Number of locations to be covered (please attached full schedule of locations): |       |
|  |  | Number of directors, officers or employees: |       |
|  |  | Number of residents/persons on your care to be covered: |  |
|  |  |  |  |
| Values | 4. | Total Property Value (including Contents): |       |
|  | . | Total Business Interruption value: |       |
|  |  | Total Insured Value: |       |
|  |  |  |  |
|  |  | Do you hold offsite activities that require cover (if Yes please give details): | Yes [ ]  No [ ]  |
|  |  |       |
|  |  | Do you have motor vehicle exposure (if Yes please give details): | Yes [ ]  No [ ]  |
|  |  |       |

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| **Security & Crisis Management** |  |
| Premises Security | 5. | Do you have onsite security? | Yes [ ]  No [ ]  |
|  |  | If Yes, please give details |  |
|  |  |  |       |
|  |  | Do you engage private security? | Yes [ ]  No [ ]  |
|  |  | If Yes, please give details |  |
|  |  |  |       |
|  |  | Please give details of buildings security: |  |
|  |  |  |       |
|  |  | Do you occupy the entire building: | Yes [ ]  No [ ]  |
|  |
| Crisis Management | 6. | Do you have Emergency Evacuation procedures? | Yes [ ]  No [ ]  |
|  |  | Do you have Active Assailant training and response procedures? | Yes [ ]  No [ ]  |
|  |  | Do you obtain an independent review of the above procedures? | Yes [ ]  No [ ]  |
|  |  | Do you conduct employee screening | Yes [ ]  No [ ]  |
|  |  |  |  |
| **Security arrangements** | 7. | Please provide any relevant information around security protocols: |  |
|  |  |       |

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| Limits & Options  |
| Limit(s) to be quoted | 8. | Option 1 | USD      |  | Deductible   |       |
|  |  | Option 2 | USD      |  | Deductible   |       |
|  |  | Option 3 | USD      |  | Deductible   |       |
|  |  | Option 4 | USD      |  | Deductible   |       |

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| **Previous Incidents** |
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| Previous threats or losses | 9. | In the last five years has there been any form of threat(s) or losses made in respect of this coverage | Yes [ ]  No [ ]  |
|  |  | If Yes, please give details:  |  |
|  |  |       |
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|  |
| Declined insurance | 10. | Has the proposed ever been declined insurance, or has any insurer ever cancelled or declined to renew your policy? | Yes [ ]  No [ ]  |
|  |  | If Yes, please give full details:  |  |
|  |  |       |

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| Declarations |  |  |  |  |  |  |
| Signing this form does not conclude a contract of insurance or oblige insurers to issue a policy. I declare that to the best of my knowledge and belief the information given is accurate and constitutes a fair presentation of the risk and that no material information has been withheld. I agree that if the information given was provided to you by any person other than myself, that person shall be deemed to have been my agent for the purpose of providing that information |
|  |  | Proposer’s name |  |
|  |  |  |
|  |
|  |  | Signature of proposer | Date |  |
|  |  |  |  |  |  |