

## TERRORISM, POLITICAL VIOLENCE AND SABOTAGE PROPOSAL FORM

### A. INFORMATION ABOUT THE APPLICANT

1 Company Name

2 Names of all subsidiary companies

3 Head Office Address

4 Ownership of the Company (E.g. Public/Private/Government/etc)

5 Nationality of Ownership

6 Date of commencement of operations

7 Description of Applicant's business operations

8 Is Business Interruption cover required?

9 Limit of cover required: (Single combined limit each and every loss and in the aggregate during the period of Insurance for physical damage and business interruption)

Material Damage

Business Interruption

(Aggregate during the period of Insurance for physical damage and business interruption)

10 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?  Yes  No

If yes, list the Date:  Location:  Type of incident   
 Amount of loss:

11 Has the applicant, any of its subsidiaries or any other entity to be insured under this Policy received any threat(s) against their assets (e.g. bombscares)?  Yes  No

If Yes, please provide details

12 Does the applicant, its directors and officers or any known person have knowledge or information that may reasonably give rise to a claim?  Yes  No

If Yes, please describe the knowledge or information

13 Description of the area surrounding the location (E.G. rural, commercial, government, etc., including name(s) of landmarks)

14 Are there any of the following within 500 metres of the location?

(a) Military premises

(b) Government Premises

(c) Tourist attractions

(d) Airport / other transport facilities

(e) Landmarks

(f) Sporting Venues

(g) Religious institutions

Describe the occupants of the surrounding buildings

Rear Right

Rear Left

Front Right

Front Left

16 What, if any, businesses occupy the other parts of the building?

  

17. Notice to Applicants

  
  

## B. LOCATION DETAILS

1. Name:  Address of location

2 Postal Code

3 Value of Buildings (Kshs)

4 Value of Contents (Kshs)

5 Business Interruption Value (12 Months)

6 Total Insured Value (Kshs)

7 Is there a Watchman and/or Security Guard?  Yes  No If Yes, how many?

Name of the security Firm

8 Are there intrusion detection system and CCTV systems?

9 Is there a perimeter fence?  Yes  No If yes, is it illuminated at night?

10 Is there an access control system? (*eg card access or sign in procedure*)  Yes  No

If Yes, please explain briefly the procedure followed

11 Is there a parking area?  Yes  No

If yes, where? (*e.g. within the Building, outside, etc.*)

## DECLARATION

I/We warrant that the above statements and particulars are true. I/We hereby agree that this declaration shall be held to promissory and shall form the basis of the Contract between me/us and the above-named Company, and I/We hereby apply for and agree to accept a Policy as designated above subject to the terms, exceptions and conditions prescribed by the Company therein.

Authorised Signature of the Applicant

Name of Authorised Officer

Title of Authorised officer

Date  Stamp

Cover is only effective when the above proposal has been confirmed and accepted by CANNON GENERAL INSURANCE (KENYA) LTD

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Regulated by the Insurance Regulatory Authority

