



Application Form

Citadel CrisisGuard

Notice to the proposed Policyholder

Please 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

Risk Information

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



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:

Limits & Options

Limit(s) to be quoted

| | | | |
|-------------|-----|------------|----------------------|
| 8. Option 1 | USD | Deductible | <input type="text"/> |
| Option 2 | USD | Deductible | <input type="text"/> |
| Option 3 | USD | Deductible | <input type="text"/> |
| Option 4 | USD | Deductible | <input type="text"/> |



Previous Incidents

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:

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:

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