

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: property@tottengroup.com Website: www.tottengroup.com

TERRORISM COVER APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

A. APPLICANT

1. Name of Applicant (and all subsidiary companies)

2. Head Office Address

3. Postal Code _____

4. Ownership of Co. Public Gov.

Private Other

5. Nationality of Ownership Canada Other _____

6. Description of business operations

B. LOCATION DETAILS

1. Value of buildings \$ _____

2. Value of contents \$ _____

3. Total insured Values \$ _____

4. Limit of cover required \$ _____
(single limit combined each and every loss and in aggregate during the period of insurance)

5. Are there intrusion detection systems and CCTV system? Yes No

6. Is there a perimeter fence? Yes No

If yes, is it illuminated at night? Yes No

7. Is there an access control system? (e.g. card access or sign-in procedure) Yes No

8. Is there a parking area? If yes, inside, outside? Yes No



9. Is there, within 500 meters of the location, any of the following:

- a. military premises Yes No
- b. government premises Yes No
- c. tourist attractions Yes No
- d. airport/other transport facilities Yes No
- e. landmarks Yes No
- f. sporting venues Yes No
- g. religious institutions Yes No
- h. international hotels Yes No

If yes, please give full details

C. GENERAL DETAILS

- 1. 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 and amount of loss.

BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

- Is this account NEW to your office? Yes No
- Did you receive the order direct from the Applicant? Yes No
- Do you recommend this applicant in every respect? Yes No
- If no, how long have you known the applicant? _____
- Do you handle other insurance for the Applicant? Yes No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE