

# Ascot Guard Corporate Proposal Form

## Proposer Details



■ Main Applicant Name:

■ Applicant's head office address:

■ Nature of business/Industry type:

■ Financial Information: Company gross annual revenue and/or estimate assets (Please send a financial report along with this document if possible):

■ Please confirm the full names of the Senior Officers or Directors who are aware of the policy (these will remain fully confidential and not shared):

■ Company website:

■ Total number of employees worldwide  
(Please provide breakdown of these numbers under Travel & Exposure Section):

■ Confirmation of any current Subsidiary/Sister companies to be included within coverage  
(please confirm location and headcount per location):

## Travel and Exposure Details



■ Please provide all countries where Applicant has operations (further space can be found on Page 5):

Country	Local National	Expatriates Employees	Consultants (if required)
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■ Please list all countries travelled to for business purposes (further space can be found on page 6):

Country	Number of visits annually	No. of Travellers per visit	Average visit duration
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■ Risk Management: Please confirm your special security measures or safety procedures undertaken? Please list below (they can include, but are not limited to; Armed Guards/ vehicles, staying in secure compound/branded hotel, employee training such as HEAT)

■ Have you ever been declined for this type of insurance, give full particulars:

■ Please confirm if you have had any previous Threats or Incidents or any specific fact which may reasonably give rise to a claim under the proposed policy in the last three (3) year?: If yes, please give details:

# Insurance Details

Please insert limits required:

1M

2M

3M

5M

10M

Other, please specify:

Currency:

Date that cover should commence:

Period of cover required:

12 Months

36 Months

Other, please specify

Before providing us with Personal information about another individual you must (unless we agree otherwise):

(a) Inform the individual about the content of this notice and our Privacy Policy; and

(b) Obtain their permission (where possible) to share their Personal information with us in accordance with the Privacy Policy.

I/we declare that this proposal form has been completed after a fair presentation of the risk being made by the insured; its 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.

Title

to be signed by Chairman/Chief Executive or equivalent

Company

Date

## Travel / Exposure Details (contd.)

- Please list all countries where Applicant has operations:  
(if applicable please attach any relevant documents)

Country

Local National

Expatriates  
Employees

Consultants  
(if required)

- Please list all countries visited for business purposes  
(if applicable please attach any relevant documents)

Country

Number of Visits  
annually

No. of Travellers per  
visit

Average visit  
duration