



**SPECIAL ACCIDENT CORPORATE COVER
PROPOSAL FORM**

1	NAME OF COMPANY:	
2	ADDRESS OF COMPANY (HEAD OFFICE):	
3	NET WORTH AND ACTIVITIES: (PLEASE INCLUDE LATEST REPORT AND ACCOUNTS AND IF APPROPRIATE, THE COMPANY'S LATEST BROCHURE DETAILING ACTIVITIES):	
4	IF A FINANCIAL INSTITUTION, VALUE OF DEPOSITS:	
5	NUMBER OF DIRECTORS:	
6	NUMBER OF OFFICERS:	
7	NUMBER OF EMPLOYEES:	
8	FULL DETAILS OF ALL FOREIGN EXPOSURE, BOTH PERMANENT AND TRAVEL: (CONTINUE ON A SEPARATE SHEET IF APPROPRIATE)	
9	ANY PRIOR KIDNAP, EXTORTION, DETENTION OR HIJACK INCIDENTS, THREATS OR ATTEMPTS: (CONTINUE ON A SEPARATE SHEET IF APPROPRIATE)	YES <input type="checkbox"/> NO <input type="checkbox"/>
10	DOES YOUR COMPANY HAVE AN EXISTING EXTORTION POLICY? IF YES, PLEASE GIVE DETAILS OF LIMITS AND THE NAME OF THE COMPANY.	YES <input type="checkbox"/> NO <input type="checkbox"/>
11	LEVEL OF COVER REQUIRED. PLEASE OBTAIN QUOTATIONS FOR:	
DECLARATION: I have read the above and declare that to the best of my knowledge and belief the statements are true and complete and that I have not knowingly withheld any information which is material to Underwriters in their acceptance or assessment of the risk. Signing this form does not bind the Applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy or certificate of insurance be issued.		
AUTHORISED SIGNATURE		PLEASE PRINT NAME AND TITLE
DATE		