



ASPEN APJ

CORPORATE CONTINGENCY INSURANCE PROPOSAL FORM

A policyholder (and their insurance agent) has a duty to disclose all information which a prudent insurer would wish to consider in deciding whether or not to accept a risk, upon what terms and at what price. Failure to comply with this duty may give the insurer the right to void the policy from its inception.

Completing and signing this proposal does not bind either the business or the insurers to enter a contract of insurance. If there is insufficient space to provide the requested information, please use the Additional Information box at the end of this proposal form.

Once completed, please ask your broker to email this proposal form to info@aspen-apj.com.

1. NAME OF COMPANY

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2(A). ADDRESS OF HEAD OFFICE

2(B). DESCRIPTION OF BUSINESS

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3. NUMBER & LOCATION OF HOME & OVERSEAS BRANCHES & SUBSIDIARIES TO BE COVERED

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4(A). TOTAL VALUE OF ASSETS (AS GIVEN IN LAST FINANCIAL REPORT)

4(B). COMPANY REGISTRATION NUMBER

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5(A). TOTAL NUMBER OF DIRECTORS

5(B). SCHEDULE OF DIRECTORS AND/OR OFFICERS TO BE INSURED & THEIR COUNTRY OF RESIDENCE

Name	Country of residence	City/State

6. TOTAL NUMBER OF DIRECTORS/OFFICERS/EMPLOYEES

7. IF EMPLOYEES ARE TO BE INSURED, GIVE TOTAL NUMBERS PER COUNTRY

8. IF WORLDWIDE COVERAGE IS REQUIRED, SUBMIT DETAILS OF ANTICIPATED OVERSEAS TRAVEL BY INSURED PERSONS

Country	City/State	Number of instances	Average duration of trip(s)

9. DETAILS OF THE RECORD OF ANY INCIDENT OR THREATS TO DIRECTORS AND/OR STAFF OR THEIR IMMEDIATE FAMILIES



10. WHAT INSURED LIMITS ARE REQUIRED? (LIMITS APPLY PER INSURED EVENT)

11. HAVE ANY SECURITY MEASURES BEEN TAKEN? PLEASE PROVIDE DETAILS BELOW:

a) at corporate headquarters?

b) in countries other than where the corporate headquarters are located?

c) Give details of:

i) security measures

ii) specialist security personnel used in security work

12. DETAILS OF PERSONAL PROTECTION OF DIRECTORS/OFFICERS/EMPLOYEES WHILST IN HIGH RISK AREAS

a) Has preventative security work been carried out? (Please tick)

Yes*

No

*If Yes, please answer the following questions:

i) What?

ii) By whom?

iii) What type? (Security survey, installation of equipment, etc.)

b) Bodyguard? (Please tick)

Yes*

No

*If Yes, please answer the following questions:

i) How many?

ii) Provided by whom?



13. IS THE COMPANY OR ANY PERSON INCLUDED IN THIS APPLICATION ALREADY PROTECTED BY THIS FORM OF INSURANCE?

YES*

NO

*If Yes, please give details of limits and name of company in the box below:

We have read the above and declare that to the best of our knowledge and belief, the statements are true and complete.

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 be issued.

Signature: (on behalf of the Company)	
Print name:	
Position within the Company:	
Date:	



TO BE FILLED IN BY THE PRODUCING BROKER	
1. Do you know the Applicant personally?	
2. If so, for how long?	
3. Did you receive the order directly from the Applicant?	
4. Do you handle any other insurance for the Applicant?	
5. Do you recommend the Applicant?	
6. Name of Broker:	
7. Address of Broker:	
Signature of Broker:	
Print name:	
Date:	



ADDITIONAL INFORMATION

