

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please complete the following details for the company that is applying for the insurance policy.

Company Name:

Primary Address (Address, State, ZIP, Country):

Website Address:

1.2 Please provide details for the primary contact for this insurance policy:

Contact Name:

Position:

Email Address:

Telephone Number:

Section 2: Activities

2.1 Please state the type of company you are:

Retail Entity

Government Owned Entity

Religious Organization

Educational Facility

Transportation

Hospitality (leisure or entertainment)

Hospitality (accommodation)

Office Space

Other (please specify):

Section 3: Premises Information

Please copy this Section if more than one premises is to be insured.

3.1 Premises Address (Address, Postcode, Country):

What is the average number of individuals on the premises at any given time (all employees and third parties combined)?

What is the maximum number of individuals on the premises at any given time (all employees and third parties combined)?

What is the distance from the premises to the nearest police station:

What is the approximate size of the premises (ft²)?

3.2 Please detail the security measures taken at the premises:

a) Please describe any security measures that are in place to limit or monitor access to the premises:

b) Please state if you have any armed onsite security guards at the premises: Yes No

If "yes", please provide details, including the average number of security guards per shift and whether they are employees or third party contractors:

3.3 Please attach a copy of the following to this application:

a) any documented emergency plan in place at the premises that sets out response protocols, including evacuation and lockdown protocols.

b) any documented active assailant security plan in place at the premises, including any protocols, drills or exercises for deterring an attack or assault.

3.4 Please detail the amounts to be insured below for the premises:

Building coverage: \$ Contents coverage: \$

Loss of income: \$ Loss of rent: \$

Victim compensation fund and extra expenses: \$ Legal liability: \$

Indemnity period for loss of income / rent (months):

Section 4 - Internal Policies and Procedures

4.1 Please state whether you have:

a) an Employee Assistance Program (EAP)?	Yes	No
b) an employee grievance or dispute resolution procedure?	Yes	No
c) a customer complaint or grievance resolution procedure?	Yes	No
d) a written policy on workplace violence, bullying, abuse or sexual assault that is available to all employees?	Yes	No
e) a program to train supervisory and management personnel to recognise, report and respond to all potentially hostile employees or situations?	Yes	No
f) a background check procedure for all potential or new employees?	Yes	No

Section 5 - Claims Experience

5.1 Please state whether you currently have in place any active assailant insurance or similar policy: Yes No

If you have answered "yes" to the above then please provide details, including the name of the insurer, which coverages are provided and the amounts insured:

5.2 Please state whether you have sustained any active assailant attack or threat thereof at any of your premises during the last five years: Yes No

If you have answered "yes" to the above then please describe the incident, including the number of victims involved, the monetary amount of any claim paid or reserved for payment by you or by an insurer and what steps have been taken to prevent reoccurrence. Please include all relevant dates.

Section 6 - Pre-incident services

6.1 If you would like access to the "Future-proof (Pre-incident)" services provided by our third party specialist crisis management provider as detailed in the Key Features section of the AMBREY brochure, our third party specialist crisis management provider will contact you directly after you have purchased an insurance policy from us and the policy has been issued to you.

Please state whether you would like a pre-incident evaluation: Yes No



Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purpose of providing insurance services and may share you data with third parties in order to do this. We may also use anonymized elements of you data for the analysis of industry trends and to provide benchmarking data. For all details on our privacy policy please visit: www.cfcunderwriting.com/privacy

Contact Name:	Position:
Signature:	Date (MM/DD/YYYY):

Additional Information

Please use this space below to provide us with any other relevant information: