



HOSTILE TERRITORIES PROPOSAL FORM

Cornish Insurance

Hostile Territories Proposal Form

Before any question is answered read carefully the Declaration at the end of this proposal, which must be signed and dated. Every question must be answered fully and correctly by the person to be insured or on his behalf by the Proposer. (All questions must be answered in ink).

If there is not sufficient space, please attach answers on a separate sheet.

Insured

Name of Insured:

Full Address:

Contact Telephone Number:

Details of Work

Country Location:

Type of Work:

Numbers of People:

Nationality split:

Split of Job Roles:

Geographic Locations:

Security

Security at work site:

Security to and from Work Site:

Security arrangements at Accommodation Location:

Projected Length of project:

From:
To:

Loss History:

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Insurances Required

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- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Personal accident: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Medical & Repatriation / Evac: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| K & R: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Liability: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Vehicles / Assets: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Declaration

Declaration to be read, signed and dated by the person to be insured:

I/We declare that according to my/our knowledge and belief the answers given in the proposal form are true and complete and I/we have disclosed all material facts. I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose. I /We understand that non-disclosure or misrepresentation of a material fact may entitle the Insurer to void the insurance.

I / We understand that Insurers will determine their terms and conditions upon the information provided in connection with this proposal, and I / we further understand that the signing of this proposal does not bind me / us to complete or the Insurer to accept this insurance.

Signature of Person to be Insured

Dated

Declaration to be read, signed and dated by the Proposer, if different from the person to be insured:

I/We declare that according to my/our knowledge and belief the answers given in the proposal form are true and complete and I/we have disclosed all material facts. I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose. I/We understand that non-disclosure or misrepresentation of a material fact may entitle the Insurer to void the insurance.

I/We understand that the Insurer will determine their terms and conditions upon the information provided in connection with this proposal, and I/we further understand that the signing of this proposal does not bind me/us to complete or the Insurer to accept this insurance

Signature of Proposer:

Dated