PROPOSAL FORM
Personal
Sabotage & Terrorism Application (Ipo 437)

1. a) Applicant and all subsidiary companies to be insured under this policy:

_____

_____

_____

b) Applicant's mailing address: _____ Code _____

c) Please provide the Longitude and Latitude: _____

d) Provide the company registration number(s): _____

2. Limits of Liability requested for buildings, contents, and business interruption:

i) _____ Total each Loss

ii) _____ Buildings each Loss

iii) _____ Contents each Loss

iv) _____ Business Interruption each Loss

v) _____ Total each Policy Year

3. Deductible requested: _____

4. Policy currency to be used: _____

5. a) Description of applicant's business operations at the locations to be insured: (Industrial, Commercial, Residential etc).

_____

_____

_____

b) Status of applicant (private company, public company, government owned):

_____

_____

_____

c) How important to operation are computer and data processing?

_____

_____

_____

6. Building, contents, and business interruption values at the locations to be insured:

Location	Values	Buildings	Contents	Business Interruption

Kindly submit full street addresses of each location with a split in values for Material damage and Business Interruption including TSI, preferably on an excel spread sheet attached to this Proposal form.

7. Physical description of location(s) to insured: (include if possible, plan showing electricity and other utility supplies, delivery/dispatch areas, computer/EDP facilities, authorised entry points, guard posts, restricted areas):

_____

_____

_____

iTOO Special Risks (Pty) Ltd
Villa Arcadia, 22 Oxford Road, Parktown, Gauteng, 2193 | PO Box 87419, Houghton, 2041 | Tel: 0861 004 866 | Email: info@itoo.co.za | **www.itoo.co.za**

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8. Description of area surrounding location(s) to be insured:

a) Describe all occupants of surrounding buildings within 500 metres:

b) Is it an area known to suffer from an above average crime rate? Yes ☐ No ☐

c) Distance from nearest police station or army post: _____

9. Description of employees and operations at location(s) to be insured:

a) Number of employees and operating hours at each location:

b) Details of ethnic minorities, labour relations, and unions at each location:

c) Number and location of employees in building(s) outside normal working hours:

d) Are cleaning staff in-house or contract and what are their hours?

e) What businesses occupy other parts of the building(s) to be insured?

f) Do these other businesses attract press or public attention?

10. Description of security at location(s) to be insured:

a) Details of guard force, number, reports to whom, recruitment, training, duties:

b) Details of alarm systems, CCTV etc:

c) Details of key system and control:

d) Details of perimeter fence and gates:

e) Details of access control procedures and equipment:

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f) How is the building lit (inside and outside)?

g) Who locks the building at night? _____

h) Details of car parking arrangements:

11. Description of past history at location(s) to be insured:

a) Give full particulars of any incidents or threats in the past 5 years.

b) Describe steps taken to deal with them and to prevent recurrence:

c) List all property loss for last 5 years:

12. Does the applicant, its directors and officers or any other known person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy? Yes ☐ No ☐

PRIVACY

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

DECLARATION

Information supplied are true and correct and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify iTOO of such changes as soon as reasonably possible.

Signing this proposal does not bind the proposer to complete this insurance.

Name: _____ Title: _____

Signature: _____ Date: _____

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