

## Terrorism Insurance

### Proposal Form – Short form

#### 1. NAME AND ADDRESS DETAILS of APPLICANT

Company Name

Contact Person

Main Address



Postcode

Tel No.

Contact Email Address

Is the applicant Company a Limited company registered at Companies House?

Yes

No

Policy Inception Date

Policy Expiry Date

#### 2. INSURED LOCATIONS

List the addresses of all of the locations you wish to insure:

Address	Postcode	Use	Rebuild Value	Contents Value	BI/ICOW
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If more than 4 properties please continue on a separate sheet*

Type of Cover required (please tick)

Full Reinstatement

First Loss

If first loss cover is required, please confirm the required limits: **First Loss Limit**

**Contents**

**BI/ICOW**

#### 3. SELECTED COVER

Include Cover for the following:

Buildings

Yes

Nuclear & Biological

Yes

Increased cost of working

Yes

Contents

Yes

Business Interruption

Yes

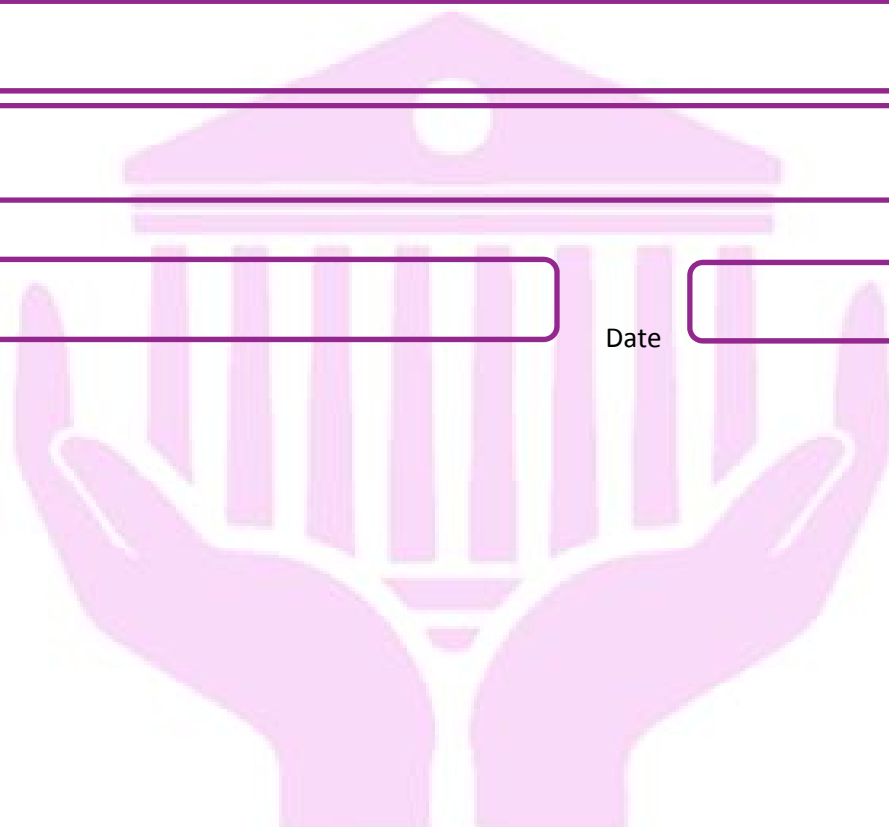
Loss of Rent

Yes

#### 4. IMPORTANT NOTICE/DECLARATION

By signing this proposal form you consent to Scholar and Partners Ltd using the information we may hold about you for the purpose of providing insurance or credit broking advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover or credit terms. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies insurance regulatory authorities, banks and credit referencing agencies. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both in respect of the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.

I/We declare that the Statement and Particulars in this Proposal are true and that I/We have not mis-stated or suppressed any Material Facts. I/We agree that this Proposal, together with any other information supplied by Me/Us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance. Signing this Declaration does not bind the Proposer or Insurer to complete this insurance.



Signature

Name

Position  Date

Scholar and Partners

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For your convenience, you can return your completed proposal form or completed **Scholar & Partners proposal form** to: [enquiries@scholarandpartners.com](mailto:enquiries@scholarandpartners.com)