**Gallagher Crisis Protect**

**Application Form**

**Proposed Applicant Key Details**:

1. **Applicant name and all subsidiary companies to be insured under this policy:**

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**b) Applicant’s head office address:**

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**c) Nature of business / Industry type:**

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**d) Financial Information: Company gross annual revenue and/or estimated assets:**

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**e) Total number of employees and/or students (as applicable):**

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**f) Total Insured Values USD: Please present a schedule of values in excel format with this application.**

Property Damage:……………………………………………………………………………………………………….

Business Interruption / Financial Loss: ………………………………………………………………………………..

Total:..………………………………………………………………………………………………………………………

g) **Please select main limits required in respect of an act of terrorism / civil commotion / sabotage and vicious attack (active shooter/active assailant) please circle:**

2M 3M 5M 10M Max 25m

Other: .……………………………….

h) **Currency**: …………………………………

i) **Date that cover should commence**: …………………………………

j) **Period of Cover Required**: 12 Months 24 Months 36 Months

**Have you had any threats or claimed for any of the following insured events via insurance in the past 5 years? Please circle those that apply:**

1. Act of Terrorism
2. Assault (inc sexual assault)
3. Blackmail
4. Civil Commotion
5. Cyber Extortion
6. Detention
7. Disappearance
8. Emergency Repatriation
9. Employee Dishonesty
10. Extortion
11. Hijack
12. Hostage Crisis
13. Kidnap
14. Sabotage
15. Stalking
16. No claims to report

If any were circled then please provide further details below or attach additional sheets as required:

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**Question set in respect of Assault and Vicious Attack (active shooter / active assailant) coverage:**

**Please circle yes or no**

1. Incident History: Any previous incidents with respect to Assault or Vicious Attack

(active shooter/assailant) on premises.

(please attach additional sheets if required): YES / NO

If Yes, please provide explanation:

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1. Labor Relations: Any restructuring or downsizing expected or ongoing in the past year? YES / NO
2. Employee Assistance Plan (EAP) / Support Programs in Place (to include Employee Stress Management, Substance Abuse, Job Referral or Lay-off Counseling)? YES / NO
3. Do you have an employee grievance/dispute resolution procedure? YES / NO
4. Do you utilize Pre Employment Background Checks? YES / NO
5. Do you have a Violence Prevention Program? YES / NO
6. Security Measures for facilities (can include any of the following: Metal Detectors,

Physical Barriers to Entry, ID Badges, Security Guards or Closed Circuit Cameras) YES / NO

If so please provide further details:

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1. Do you have Crisis Management Plan in place for contingency planning? YES / NO
2. Do you have a specific vicious attack (active shooter/active assailant) plan in place? YES / NO
3. Do you monitor social media or email traffic? YES / NO

If so please provide further details:

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**Question set in respect of special contingency coverage, travel pattern and judgement, settlements and costs for personnel only:**

1. **Please list all countries where the Applicant has overseas operations:**

If you are unsure of the split between office based and non-office based employees please list the total number as office based staff.

If cover is required for external contractors or freelancers, these should be listed in the consultants section.

Country Local Nationals Expatriots Contractors

Office based/Non Office Office based/Non Office (If required)

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1. **Please list all countries visited for business purposes:**

Country Number of Visits Number of Travelers Average Visit Duration

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1. **Does the applicant conduct business in or travel to Cuba, Iran, Syria, North Korea,**

**or Russia / the Crimea Peninsular?** Yes / No

**Travel mitigation detail:**

1. **Risk Management: Are there any special security measures or safety procedures taken? If so please list below (they can include, but are not limited to; Armed Guards/vehicles, staying in secure compound/branded hotel, employee training such as HEAT):**

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1. **Have you ever been declined for this type of insurance, give full particulars:**

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1. **Please confirm if you have had any previous Threats or Incidents or any specific fact which may reasonably give rise to a claim under the proposed policy in the last two years?: If yes, please give details:**

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Signed: …………………………………………………………………………………………………………………...

Position: …………………………………………………………………………………………………………………...

Dated: ……………………………………………………………………………………………………………………