



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

Williamson House, 3rd floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

Tel: 2712607/8/9/10/11, Fax: 254-020-2712612, 2723288

Email: info@intraafrica.co.ke

www.intraafrica.co.ke

BRANCH OFFICE

Centre Point House, 2nd floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

Tel: 020 3743991/955, Fax 020 3743460

E-mail centrepont@intraafrica.co.ke

TERRORISM & POLITICAL RISKS QUESTIONNAIRE.

Agency name: _____

SECTION 1: BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number (please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport
(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

SECTION 2: PROPOSAL DETAILS

Period of insurance: From: _____ To: _____

QUESTIONS TO BE ANSWERED BY THE PROPOSER

- Names of all subsidiary companies. _____

- Nationality of ownership _____
- Date of commencement of operations _____
- Is business interruption cover required? _____
- Limit of cover required: (Single combined limit each and every loss and in the aggregate during the period of Insurance for physical damage and business interruption)
 - Material damage
 - Business Interruption
 - Aggregate during the period of Insurance for physical damage and business interruption
- Has the applicant, any of its subsidiaries or any other entity to be insured under this Policy suffered a loss, whether insured or not, in the past five years from an incident of terrorism or sabotage? _____ Yes/No.
If yes, list the date, location, type of incident and amount of loss _____

- Has the applicant, any of its subsidiaries or other entity to be insured under this policy received any threat(s) against their assets (e.g. bomb scares)? _____ Yes/No.
If yes, please provide details _____
- Does the applicant, its directors and officers or any known person have the knowledge or information that may reasonably give rise to a claim? _____ Yes/No
If yes, please describe the knowledge or information _____
- Description of the area surrounding the location (E.G. rural, commercial, government, etc., including name(s) of landmarks. _____

10. Are there any of the following within 500 metres of the location?
- a. Military premises? _____
 - b. Government premises? _____
 - c. Tourist attractions? _____
 - d. Airport/ other transport facilities? _____
 - e. Landmarks _____
 - f. Sporting venues _____
 - g. Religious institutions? _____
11. Describe the occupants of the surrounding buildings
- i. Rear right _____
 - ii. Rear left _____
 - iii. Left _____
 - iv. Right _____
 - v. Front _____
12. What, if any, businesses occupy the other parts of the building? _____

Notice to Applicants

This application does not mean the insurer has agreed that this application will be the basis should a policy be issued.

Building Location Details:

- 1. Name and address of location _____
- 2. Zip or postal code _____
- 3. Value of buildings _____
- 4. Value of contents _____
- 5. Business Interruption Value (12months) _____
- 6. Total Insured Value _____
- 7. Is there a Guard force? _____ Yes/No
If yes, how many guards? _____
- 8. Are there intrusion detection systems and CCTV cameras? _____
- 9. Is there a perimeter fence? _____ Yes/No
If yes, is it illuminated at night? _____
- 10. Is there an access control system? (E.G. card access or sign in procedure) _____
- 11. Is there a parking area? _____ Yes/No
If yes, where? (E.G. within the building, outside, etc) _____

DECLARATION

I/ We declare the truth and correctness of the above statements and particulars and agree that this proposal and declaration shall be held to be promissory and form the basis of the contract between me/us and Intra Africa Assurance Company Ltd.

Applicants signature: _____ Date: _____

Name & Title of authorized Officer _____