



Crisis Solutions

Family Proposal Form

Proposer Details

(a) Name of Applicant to be insured under this Policy:

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(b) Applicant's mailing address:

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(c) Description of Applicant's business / Industry type

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(d) Personal Information:

(a) Net worth of Applicant

(b) Annual income of Applicant

(e) Persons designated by the Applicant to be covered under this policy (please use additional sheet provided at the end of the document if required):

Name	Date of Birth	Relationship to Applicant	Country of Residence
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(f) Please confirm any additional occupations of the persons listed in (e) above, if different to that of the Main Applicant:

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(g) Extent of travel outside of resident country: _____

Country	Number of Trips	Duration of Travel	Number of Persons Travelling
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(h) Does the Applicant or any person(s) listed in (e) above have high profiles due to social, political or occupational activities? If so, please describe:

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(i) Risk Management: Does the Applicant or any person(s) listed in (e) above undertake any special security precautions? If so, please describe:

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(j) Has the Applicant or any person(s) listed in (e) above ever been declined for this type of insurance? If so, please describe:

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(k) Please confirm if the Applicant or any person(s) listed in (e) above, has 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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Insurance Details

(a) Please insert limits required:

1M

2M

3M

5M

10M

Other:

(b) Currency:

(c) Date that cover should commence:

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(d) Period of cover required:

12 Months

36 Months

I/we declare that this proposal form has been completed after a fair presentation of the risk being made by the insured; it's contents are true and accurate and that all material facts and matters or sufficient information to put a prudent insurer on notice that further enquiries are needed has been disclosed to the Insurer as part of this Proposal Form.

I/we undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of this Proposal for insurance.

I/we under that non-disclosure or misrepresentation of a material fact or matter entitle the Insurer to avoid the policy, may impact the terms of the cover or may mean that a claim is not paid or is not paid in full.

Signed:
(to be signed by the Main Applicant)

Full Name:

Date:

Continued... Persons designated by the Applicant to be covered under this policy (please use additional sheet provided at the end of the document if required):

Name	Date of Birth	Relationship to Applicant	Country of Residence
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