



High Risk Personal Accident Proposal Form.

1. Full company name and address.
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2. Areas of operation?
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3. What is the history, background and skills of the proposers (and Key personnel) for example ex-military / police / Special Forces / construction / communications etc?
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4. Please provide the number of insured personnel and what are their nationalities?
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5. Who are the current contracts with and what is their nature?
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6. What is duration of the contract?.....
7. Please provide full list of activities undertaken and the split amongst the workforce.
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8. What is your security protection whilst working and standing down?
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9. Where will you be staying whilst in Iraq?
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10. Please give any details of travel (in / out and internal) that must be undertaken whilst in Iraq or travelling to / from.
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11. Are you billeted with the coalition forces?.....
12. What is your access to intelligence etc in the area and what is your exit strategy emergency or otherwise
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13. What is the required period of insurance?
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14. What coverage do you require and the respective limits per person?
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Accidental Death
 Permanent Total Disablement / Loss of limbs / Senses
 Temporary Total Disablement
 Medical Expenses
 Evacuation and Repatriation Expenses
 Disappearance
 Accident only or including sickness.
 Kidnap and Ransom

Please note that the questions proposed within this document are based as an initial proposal into the risk. Once we have the above information, we will contact you to further discuss your insurance needs. We understand the questions raised may seem exhaustive however please answer the questions as best you can.

Signed on Behalf of Proposer.....Date:.....