



PETERSEN INTERNATIONAL UNDERWRITERS

SABOTAGE & TERRORISM

Jesse Heim III, Authorized Broker Fax 01-817-738-4090

1. Name of Proposed Insured
2. Exact address(es) of location(s) to be insured
.....
.....
.....
(In urban areas a street map showing the precise location will greatly assist and may be essential to determine aggregation.)
3. Occupation
4. Is any part of the building occupied by any other Business?.....If YES please give details
.....
5. Details of ownership (e.g. Government-owned, public company, privately owned)
.....
.....
.....
6. Details of any background details of ownership that may increase the risk; e.g. involvement in politics
.....
.....
.....
7. Security;
 - i) Details of alarm systems, CCTV
 - ii) Security Guard; e.g., own personnel /
Name of private company (if applicable).....
Number on duty by day / at night / weekends
 - iii) Access control measures, for vehicles and personnel
 - iv) Details of parking on site, numbers, access control and whether
underground.....
 - v) Is the location fully fenced or walled?

8) Is the workforce unionized and if so has the management a good relationship with unions?
Has there been any strike action or picketing in the past 3 years.....

9) Details of neighboring properties North.....
East
South
West

10) Total Values: Property Damage
Business Interruption
TOTAL.....

11) Sum to be Insured
.....

12) Deductible Requested
.....

13) Have there been any threats, incidents or losses to the Proposed Insured in the past 5 years? Yes No
If yes please give full details on a separate sheet.

14) Any additional information that may be relevant to the requested coverage
.....
.....
.....
.....

.....
Signature of Applicant (Title)

.....
Date

.....
Position in the Firm

P.O. Box 100116 Fort Worth, TX USA 76185-0116
E-mail: info@phahealth.us www.phahealth.us

Jesse Heim III, Authorized Broker