

Belpointe

Specialty Insurance Partners Group

Thank you for your interest in Hostile Environment Liability Protection. This application is for a combined Liability Policy to protect single or multi contract operations in hostile environments. Some sample international account services available through our hostile risk product insurer include (not available under our standard security product):-

- A risk mitigation service, provided for you by either panel Experts listed or a Subject Matter Expert of your choice, as part of your international policy
- Free 24/7/365 Response and Guidance service provided by Holman Fenwick Willan to assist you in the event of Crisis affecting your insured operations.
- Access to the confidential Members Area providing intelligence and advice by hostile environment experts on legal, contractual, risk register and due diligence issues for hostile environments.

The Experts providing services shall be solely responsible for the services they respectively render. Please print the Application and complete before following the instructions below.

What to do next:

Instructions for Insurance Applicant:

- Please complete the downloaded form in as much detail as possible. Once completed please submit your Application form to your Insurance Agent for submission to underwriters.

Instructions for Brokers:

Once you have received the Application form from your Client or completed the form on behalf of your client, please submit to the below contacts

Submissions - submissions@belpointe.com,

Chris Gilbert - chris.gilbert@belpointe.com

Please complete this Form in full in respect of single Contract(s) or Total Practice/Revenues in order to obtain a quotation or instruct your Insurance Agent or Broker to complete and submit to Insurers on your behalf.

Section(s) of Coverage desired:

- Professional Liability: Yes No
 General Liability: Yes No
 Employers' Liability: Yes No

1	Company Name (including subsidiaries for which you are applying for insurance):	
2	Company Address:	
3	Web Address:	
4	Do you maintain offices or operations in other countries? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	If YES, please list countries:	
5	Person to contact:	
6	Title:	
7	Telephone:	
8	Company Contact Email:	
9	Date Established:	
10	Status:	Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited <input type="checkbox"/>
11	Have you ever operated under any other name? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	If YES, what name?	
12	Please fully describe all professional services you provide to others:	
13	Please indicate your desired Limit of Insurance from \$250,000 to \$20,000,000 (any one claim & in the aggregate) per Section of Coverage.	
	\$	Aggregate
	Per Claim	\$

Requested Policy Period: _____

14	Total Gross Revenues and Gross Payroll:			
	Total Gross Revenues for last 12 months:	\$	Estimated Total Gross Revenue next 12 months:	\$
	Total Gross Payroll for last 12 months:	\$	Estimated Total Gross Payroll next 12 months:	\$

15	Do you subcontract work to other companies?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, do you require proof of liability coverage?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Are you named as an additional insured on all subcontractors' policies? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	What type of work do you subcontract?	
	% of work subcontracted. Is this revenue included within Answer to Question 14?	
	Subcontractor expense:	

Please schedule all subcontractors here:

Key Subcontractor Company	Country of Origin	Work performed for you

16	Payroll Data by type	
	Domestic Clerical/Managerial	\$
	Domestic Operational/Physical	\$
	Overseas Clerical/Managerial	\$
	Overseas Operational/Physical	\$
	UK Companies:- Please provide your Employers' Registration Numbers.	

17	Historical View of Revenues & Payroll					
	Total Gross:	Prior Year	2 Years Prior	3 Years Prior	4 Years Prior	5 Years Prior
	Revenues	\$	\$	\$	\$	\$
	Payroll	\$	\$	\$	\$	\$

18	Do you have training and refresher training programs for employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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	If YES, please describe:									
19	Do you conduct pre-employment screening including Third Country & Local Nationals?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
	If YES, please select all that apply: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Polygraph</td> <td><input type="checkbox"/> Criminal Background</td> </tr> <tr> <td><input type="checkbox"/> Drug Screen</td> <td><input type="checkbox"/> Fingerprint Check</td> </tr> <tr> <td><input type="checkbox"/> Driving Record</td> <td><input type="checkbox"/> Personal Reference</td> </tr> <tr> <td><input type="checkbox"/> Psychological Test</td> <td><input type="checkbox"/> Prior Employment Reference</td> </tr> </table>		<input type="checkbox"/> Polygraph	<input type="checkbox"/> Criminal Background	<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Fingerprint Check	<input type="checkbox"/> Driving Record	<input type="checkbox"/> Personal Reference	<input type="checkbox"/> Psychological Test	<input type="checkbox"/> Prior Employment Reference
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<input type="checkbox"/> Psychological Test	<input type="checkbox"/> Prior Employment Reference									
20	Do you have a workplace safety program?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
21	Do you have standard operating procedures for field employees and subcontractors?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
22	Do you arm employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
	If YES, please give details of weapons used and rules for the use of force:									
23	Do you have a standard contract that is presented to clients when bidding?	YES <input type="checkbox"/> NO <input type="checkbox"/> (if YES, please include a copy)								
24	Total number of clients:									
	% using standard contract:									
	Are contracts reviewed by counsel before use?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
25	Do you use a company form for reporting incidents?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
26	Please describe your incident reporting procedures:									
27	Do you sell products?	YES <input type="checkbox"/> NO <input type="checkbox"/>								
	If yes, please describe the type of products and distribution method:									

28	How many foreign vehicles do you currently own, maintain, lease or control?	
	How many are armoured?	
	Do you transport others for a fee?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, please outline safety plan / risk management protocol	
	Is Auto Liability insurance required by statute in each Jurisdiction in which you operate in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>

29	Please provide names of current Liability insurers, limits and premiums paid		
	Line	Company	Limits
	Professional Liability (PL)		
	Employers' Liability (EL)		
	General Liability (GL)		
	During the past three (3) years have any claims been presented to your present or prior insurer? If YES, please attach insurance company loss runs for the prior three (3) policy periods.		YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may result in a future claim?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide details:
	Has your liability insurance been cancelled, declined or non-renewed in the past 3 years?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:
	Do you have clients who require certificates naming them as an additional insured?		YES <input type="checkbox"/> NO <input type="checkbox"/>

30	Please provide a list of your five (5) largest clients with a brief description of services provided		
	Name of Client	Service Description	Country

31	Does your company have the following:	YES	NO
	A written safety policy and goals?		
	Safety and training programs?		
	A written drug and alcohol policy?		
	A vehicle safety program for drivers and vehicles?		
	A designated safety coordinator?		
	Prompt reporting of all employee injuries?		
	A formal accident review and investigation program?		
	Employee involvement in inspection/safety committees?		
	Physicals and periodic random drug testing?		
	A transitional duty/light duty program for injured workers?		
	Designated employee to coordinate claim activities?		
	Working with injured worker and insurer's physician panel?		

32	Do you have any Management System certifications? (eg ISO 9001, 14001, BS OHSAS 18001, ISO 27001, ISO 28007, ANSI/ASIS PSC 1).	YES	NO
		Please provide copies	

33	Are you a Member of a Trade Association?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please List:			

Please attach Employers Registration Numbers for UK Applicants if applicable.

Signature: _____

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this application, the signer warrants that to their best knowledge all information given is true and accurate. If this application form is not signed or this application is completed by an insurance agent representing the assured then by submitting this application by e mail to any insurance company the aforementioned parties warrant that to the best of their knowledge all information given is true and accurate. Any information and supporting documentation by the applicant or their insurance agent on behalf of the applicant is solely the responsibility of the applicant.

Applicant's Signature

Title

Date