



Hospital Threat and Abduction Program Security Risk Management Application

Assured

1. Organization name:
Head office address:

Insured Persons

2. Total number of personnel:

Business activities

3. Nature of business:

Average Daily Number of Infants in care and control:

Financial information

4. Total revenue of your business (from last annual report):
Total assets (from last annual report):

Travel pattern

5. Specify the country and the approximate number of travel days to be spent within in those countries over the next 12 months:

Country	Approximate duration of stay	Number of individuals

Security Risk Management

6. Do you have specific security measures in place with respect to the Maternity Ward? Yes No
Do you have a formal Crisis Management Plan? Yes No
Are you interested in preventative security consulting? Yes No

If yes to any of the above, please give details : (Continue on a separate sheet if necessary)

Previous threats or losses

7. Have you or any insured person had any claims and/or experienced threats or incidents that would give rise to a claim under this insurance within the last 5 years Yes No
If Yes, please give details: (Continue on a separate sheet if necessary)

Current insurance

8. What is your General Liability Deductible?

Amount insured

9. Limit Options:



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Declaration

The undersigned duly authorized representative of the applicant declares to the best of his or her ability that the statements set forth herein are true.

NOTICE TO APPLICANTS: This application does not bind the Applicant or the Company, but it is agreed that this application will be the basis of the contract, should a policy be issued, and it will be attached to, and made part of the policy. The applicant undertakes to notify the Company immediately if the information supplied on this application changes between the date of this application and the time when the policy is issued.

FRAUD – GENERAL WARNING: Any person who knowingly submits an application for insurance or statement of claim containing any materially false, incomplete, or misleading information for the purpose of defrauding or attempting to defraud an insurance company or other person may be guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits.

Assured's name

Position in organization

Signature

Date

AGENT/BROKER RETURN APPLICATION TO:

Quirk & Company
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Fx: 210-477-3611