





# MALICIOUS ATTACK COVER

COVER REQUIRED		
		Including loss of attraction
Malicious attack (property damage, busine	ess interruption and crisis management)	
Malicious attack liability	and husiness interruption arisis management and lightlity)	
	age, business interruption, crisis management and liability)	⊖Yes ⊖No
PROPOSER DETAILS		
Company name:		
INSURED VALUES		
Physical assets and business interruption inf		
(or as per an attached schedule to be provided to broker in Excel format)		
Property damage (PD):	USD	
Business interruption (BI):	USD	
TOTAL:	USD	
	_	
PEOPLE		
Complete if cover includes Malicious Attack Liability.		
Total number of employees:	Approximate number of visitors, students, residents, patients,	etc. (annual figure)
RISK ANAYLSIS INFORMATION		
Describe your current security arrangements	for all locations	
Do you have an active shooter / emergency	plan that sets out protocols for evacuation, lockdown and respon	se to OYes ONo
an attack or assault?		
Do you have security screening measures for employees?		◯ Yes ◯ No
Have you had any threats, incidents or claims related to malicious attacks at your premises in the last five (5) years?		years? OYes ONo
Describe any ancillary reasons for requiring the insurance.		







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### **PREMIUM FINANCING**

Please check here if you would like a quote for Premium Financing.

#### PERSONAL INFORMATION USE

Hiscox is a trading name of a number of Hiscox companies. The specific company acting as a data controller of your personal information will be listed in the documentation we provide to you. If you are unsure you can also contact us at any time by telephoning 01904 681198 or by emailing us at dataprotectionofficer@hiscox.com.

We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide.

For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.hiscox.co.uk/ cookies-privacy.

#### DECLARATION

#### You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this proposal does not bind me to an insurance contract but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Name of proposer:

Signature of proposer:

Date:

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.