



PROPOSAL FORM

CRISIS SOLUTION 2.0

Please find Important Notice and Disclaimers at the end of this document.

POLICYHOLDER DETAILS

- 1. Policyholder Name
- 2. Head Office Address
- 3. Nature of Business
- 4. Gross Annual Revenue or Estimated Assets
- 5. Total Number of Employees Worldwide

TRAVEL/EXPOSURE DETAILS

- 6. Please state all countries where the Applicant has operations (further space can be found on the **Addendum** on Page 4):
If you are unsure of the split between office based and non-office based staff please list the total number as office based staff.
If cover is required for external contractors, consultants or freelancers, these should be listed in the Contractors section.

Country	Local Nationals		Expatriates		Contractors
	Office Based	Non-Office	Office Based	Non-Office	

- 7. Please list all countries visited for business purposes (further space can be found on the **Addendum** on Page 4):

Country	Number of Visits Annually	Number of Travelers Per Visit	Average Visit Duration

- 8. Does the applicant conduct business in or travel to Cuba, Iran, Syria, North Korea, or the Crimea Peninsular? Yes No

RISK MANAGEMENT

9. Risk Management: Are there any special security measures or safety procedures taken? If so please list below (they can include, but are not limited to; Armed Guards/vehicles, staying in secure compound/branded hotel, employee training such as HEAT): Yes No

10. Does the applicant require assistance in creating a crisis management plan? Yes No

11. If the applicant already has a crisis management plan, would they like it reviewed? N/A Yes No

INSURANCE DETAILS

12. What limit(s) of liability does the Insured require quotations for?

1 million 2 million 5 million 10 million Other

13. Please provide Date that cover should commence:

14. What period of cover is required? 12 Months 24 Months 36 Months

15. What currency does the Insured require quotations in?

USD HKD RMB Other

CLAIMS QUESTIONS

16. Has any Insurer ever:
- a) declined to provide terms or offer renewal terms to any of the applicants? Yes No
 - b) imposed special terms or conditions on any insurance held by any applicants? Yes No
 - c) avoided or cancelled insurance held by any of the applicants? Yes No
- If 'Yes' to any of the above, please provide details via **attachment**. Yes No

17. Please confirm if you have had any previous Threats or Incidents or any specific fact which may reasonably give rise to a claim under the proposed policy in the last two year? If 'Yes', please provide further details below: Yes No

DECLARATION

Please Note: Signing the Declaration does not bind the proposer or the Insurer to complete this insurance.

I declare that I have made all necessary inquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice, Privacy Notice and Disclosure information contained in this proposal and that I have read and understood the content of them.

I consent to AIG collecting, using and disclosing personal information as set out in AIG's privacy notice in this proposal and the policy.

If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose the other individual's personal information to AIG and also to give the above consent on both my and their behalf.

I confirm that I am authorised by the proposing company (and its partners/principals/directors if applicable) to complete this proposal form and to accept the quotation terms for this insurance on behalf of the company (and its partners/principals/directors if applicable).

Name	<input type="text"/>	Signature
Title	<input type="text"/>	
	Date	<input type="text"/>

ABOUT AIG

American International Group, Inc. (AIG) is a leading global insurance organisation. Building on 100 years of experience, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement products, and other financial services to customers in more than 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security, AIG common stock is listed on the New York Stock Exchange.



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ADDENDUM – TRAVEL / EXPOSURE DETAILS

Please list all additional countries visited where applicant has operations:

Country	Local Nationals		Expatriates		Contractors
	Office Based	Non-Office	Office Based	Non-Office	

Please list all additional countries visited for business purposes:

Country	Number of Visits Annually	Number of Travelers Per Visit	Average Visit Duration