



Thank you for your interest in HELP, Hostile Environment Liability Protection. This download is a Personal Accident and Life Application Form for the Lloyd's policy coverages offered exclusively in conjunction with HELP. This will enable you to access the Lloyd's HELP combined Personal Accident and Life Policy to protect single or multi contract operations in hostile environments.

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 or Lloyd's Brokers for submission to underwriters.
- If you do not have an Insurance Agent or Lloyd's Broker, or have any questions that you would like to discuss about the Policy or related services, please return your completed Application Form with your questions to HELP at info@hostileinsurance.com

Instructions for Brokers:

Once you have received the HELP Application form from your Client or completed the form on behalf of your client, please submit to the below contact at Travelers Syndicate via your Lloyd's Broker.

Giles Berkshire - gberkshi@travelers.com

Please note that the HELP site is not acting as an Insurance Agent and all insurance arrangements must be arranged via a FCA regulated Lloyd's Broker. For any inquiries please email info@hostileinsurance.com



Section(s) of Coverage desired:

Personal Accident: Yes No
 Life Insurance
 (Death by Natural Causes): 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:	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited
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, both in general and at covered locations:	

13	Total number of employees by location:				
	Country	Number of expatriate employees	Number of third country nationals	Number of local national employees	Total number of employees

If you require cover for Life Insurance (Death by Natural Causes), please provide a census in excel format including sex, date of birth, nationality, location, occupation and sum to be insured

14	Policy details:	
Do you currently have, or have you at any time had, Personal Accident or Life insurance?		
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide details of cover:		
Coverage required:		
Accidental Death	YES <input type="checkbox"/> NO <input type="checkbox"/>	Limit:
Permanent Total Disablement	YES <input type="checkbox"/> NO <input type="checkbox"/>	Limit:
Temporary Total Disablement	YES <input type="checkbox"/> NO <input type="checkbox"/>	Limit:
Medical Evacuation (including Medical Expenses)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Limit:
Emergency Repatriation/ Evacuation	YES <input type="checkbox"/> NO <input type="checkbox"/>	Limit:
Is Sickness cover (as well as accident) required for PTD, TTD and Evacuation	YES <input type="checkbox"/> NO <input type="checkbox"/>	Limit:
Death by Natural Causes	YES <input type="checkbox"/> NO <input type="checkbox"/>	Limit:

16	Risk Preparedness:
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Are there any security precautions and/ or crisis management plans and/ or evacuation plans in place?

YES NO If yes, please provide details of cover:

Have insureds undertaken a hostile regions training course at any time?

None 5 Day course 2-5 day course
 Other training > 2 days Some (< 2 days)

Will insureds be engaging fixers or be hosted by local representatives to assist in their travel in the country?

YES NO If yes, please provide details of cover:

What amount and type of travel will insureds be doing?

Within Cities < 2 hours per day Within Cities > 2 hours per day
 Outside City limits occasionally Outside City limits regularly
 Travelling in convoys

Will insureds be using Close Protection (CP) / Tracker Device / Embedded with Military or Police?

Both CP Security and Tracker CP Security only
 Tracker Only None Embedded with Military / Police

What experience do you have in operating in hostile regions?

No Previous Experience < 5 prior trips to this region
 > 5 prior trips to this region > 5 prior trips to other hostile regions
 Military background

Will you be staying in a secured compound overnight?

YES NO

17	Claims history:
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To the best of your knowledge, has any insured person under the requested policy suffered an incident which might give rise to a claim under any section of the coverage required, in the last five years?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide details of whether any death claims were as a result of accident or sickness
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Date	Location	Insured name	Brief description	Amount

Date that cover should commence: _____ / _____ / _____
Period of cover required: 12 months <input type="checkbox"/> 24 months <input type="checkbox"/>

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 insured 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 provided within this application and supporting documentation by the applicant or their insurance agent on behalf of the applicant is not the responsibility of HELP and no liability is or can be assumed by HELP in respect of the information provided herein.

 Applicant's Signature

 Title

 Date