



HELP Personal Accident and Life Application Form

Thank you for your interest in HELP, an insurance and risk management programme to provide comprehensive cover for complex operations in hostile environments. Please click the link below to download the 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.

Once the **HELP** Policy has been purchased the **HELP** Policy holder will be offered opportunities to access risk mitigation services, emergency response and crisis management services and the **HELP** Thought Leadership Program. **HELP** Policy holders have access to the following services:

- A risk mitigation service, provided by one of the **HELP** Associates listed on the **HELP** website or a Subject Matter Expert of your choice, as part of your Lloyd's Policy.
- In the event of a crisis, **HELP** policy holders have access to a dedicated 24-hour emergency response and crisis management as part of the services available from the insurer.
- Exclusive access to the confidential Members Area within the **HELP** website providing further advice on accessing expertise risk mitigation, the crisis management services, and engagement with the **HELP** Thought Leadership Program.

Only **HELP** policy holders are eligible for a contribution by Insurers to the cost of the Risk Mitigation Services offered by **HELP** Associates. Once the level of service has been finalised all contractual terms and conditions will be handled directly between the **HELP** policy holder and the **HELP** Associate Member.

Instructions for Insurance Applicant:

Please complete the interactive PDF in as much detail as possible. The completed form should then be submitted 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 policies 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 their behalf, please submit to the below contacts at Argenta Syndicate Management Limited at Lloyd's.

Giles Berkshire gberkshi@travelers.com

All insurance arrangements must be arranged via a FCA regulated Lloyd's Broker – the **HELP** website is not acting as an Insurance Agent.

For any inquiries please email info@hostileinsurance.com

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Personal Accident Application Form

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 NO

If YES, please list countries:

5. Person to contact:

6. Title: _____

7. Telephone: _____

8. Company Contact Email: _____

9. Date Established: _____

If YES, what name? _____

10. Status: Partnership Corporation Limited

11. Have you ever operated under any other name? Yes No

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 No If yes, please provide details of cover:

15. Coverage required:

Accidental Death	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit: <input type="text"/>
Permanent Total Disablement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit: <input type="text"/>
Temporary Total Disablement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit: <input type="text"/>
Medical Evacuation (including Medical Expenses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit: <input type="text"/>
Emergency Repatriation / Evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit: <input type="text"/>
Is Sickness cover (as well as accident) required for PTD, TTD and Evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit: <input type="text"/>
Death by Natural Causes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit: <input type="text"/>

16. Risk Preparedness:

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?

5 Day course

2-5 day course

Other training (> 2 days)

Some (< 2 days)

None

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

Embedded with Military / Police

Tracker Only

None

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:

Date that cover should commence:

Period of cover required: 12 months 24 months

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 _____

Additional Notes