

## **HELP** Liability Protection Application Form (US)

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

Please complete the application form before following the instructions below.

## 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](mailto: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 contacts at Argenta Syndicate Management Limited at Lloyd's via your Lloyd's Broker.

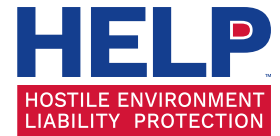
**Matthew Waghorn** [matthew.waghorn@argentagroup.com](mailto:matthew.waghorn@argentagroup.com)

**Ken Rowlands** [ken.rowlands@argentagroup.com](mailto:ken.rowlands@argentagroup.com)

**Jonathan Fox** [jonathan.fox@argentagroup.com](mailto:jonathan.fox@argentagroup.com)

The **HELP** website is not acting as an Insurance Agent - all insurance arrangements must be arranged via a FCA regulated Lloyd's Broker. For any inquiries please email [info@hostileinsurance.com](mailto:info@hostileinsurance.com)

# Liability Protection Application Form (US)



Please complete this interactive form in full in respect of a single contract or contracts or Total Practice/Revenues to obtain a Lloyd's **HELP** quotation or instruct your Insurance Agent or broker to complete and submit to Insurers on your behalf.

Sections of coverage required:

- Professional Liability: Yes  No
- General Liability: Yes  No
- Employers' Liability: Yes  No

1. Company Name (including subsidiaries for which you are applying for insurance):

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2. Company Registration. Where is your company registered? Provide company registration number.

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3. Date Established \_\_\_\_\_

4. Status: Individual  Partnership  Corporation  Limited  UK

Company Address:

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5. Web Address: \_\_\_\_\_

6. Do you maintain offices or operations in other countries? YES  NO   
If YES, please list countries:

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8. Please name the principal Directors and attach CVs for each named individual.

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9. Person to contact with regard this insurance application.

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10. Title: \_\_\_\_\_

11. Telephone: \_\_\_\_\_

12. Company Contact Email: \_\_\_\_\_

13. Has the company ever operated under any other name? Yes  No

If YES, what name? \_\_\_\_\_

14. Please fully describe all professional services your company provide to others:

15. Please indicate your desired Limit of Insurance from \$250,000 to \$20,000,000 (any one claim & in the aggregate) per Section of Coverage.

\$  Per Claim

\$  Aggregate

Requested Policy Period: \_\_\_\_\_

16. Total Gross Revenues and Gross Payroll:

Total Gross Revenues for last 12 months:

USA \$  INTERNATIONAL \$

Estimated Total Gross Revenue next 12 months:

USA \$  INTERNATIONAL \$

Total Gross Payroll for last 12 months:

USA \$  INTERNATIONAL \$

Estimated Total Gross Payroll next 12 months:

USA \$  INTERNATIONAL \$

17. Do you subcontract work to other companies? Yes  No

If YES, do you require proof of liability coverage? Yes  No

Are you named as an additional insured on all subcontractors' policies? Yes  No

What type of work do you subcontract?

% of work subcontracted. Is this revenue included within Answer to Question 14?

Subcontractor expense:

Please schedule all subcontractors here:

Key Subcontractor Company	Country of Origin	Work performed for you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**18. Payroll Data by type**

Clerical/Managerial: Domestic \$  Overseas \$   
Operational/Physical: Domestic \$  Overseas \$

**19. Historical View of Revenues & Payroll**

Total Gross:	Prior Year	2 Years Prior	3 Years Prior	4 Years Prior	5 Years Prior
Revenues	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Payroll	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**20. Do you have training and refresher training programs for employees?** Yes  No   
If YES, please describe:

**21. Do you conduct pre-employment screening including Third Country & Local Nationals?** Yes  No

If YES, please select all that apply:

Polygraph  Drug Screen  Driving Record  Psychological Test

**22. Do you have a workplace safety program?** Yes  No

23. Do you have a Health and Safety Policy? Yes  No  (Please provide a copy)

24. Do you have standard operating procedures for field employees and subcontractors?  
Yes  No

25. Do you arm your employees or subcontractors? Yes  No

If YES, please give details of weapons used and rules for the use of force (RUF)

26. Do you have a standard contract that is presented to clients when bidding?  
Yes  No  (if YES, please include a copy)

27. Total number of clients: \_\_\_\_\_ % using standard contract: \_\_\_\_\_  
Are contracts reviewed by counsel before use? Yes  No

28. Do you use a company form for reporting incidents? Yes  No

29. Please describe your incident reporting procedures:

30. Do you sell products? Yes  No

If yes, please describe the type of products and distribution method:

31. How many foreign vehicles do you currently own, maintain, lease or control?

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How many of these are armored? \_\_\_\_\_

Do you transport others for a fee? Yes  No

If YES, please outline safety plan / risk management protocol

Is Auto Liability insurance - required by statute in each jurisdiction in which the company operates - in place? Yes  No

32. Please provide names of current Liability insurers, limits and premiums paid

	Insurers	Limits	Premiums Paid
Professional Liability (PL)			
General Liability (GL)			
Employers' Liability (EL)			

During the past five (5) years have any claims been presented to your present or prior insurer? Yes  No

If YES, please attach insurance company loss runs for the prior three (3) policy periods.

Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may result in a future claim? Yes  No

If yes, please provide details:

Has your liability insurance been cancelled, declined or non-renewed in the past 3 years? Yes  No  If yes, please explain:

Do you have clients who require certificates naming them as an additional insured?  
Yes  No

33. Do you require the following insurance coverage?  
Personal Accident Yes  No  Directors Liability Yes  No

34. Please provide a list of your five (5) largest clients with a brief description of services provided

Name of Client	Service Description	Country

35. Does your company have the following:

A written safety policy and goals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety and training programs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A written drug and alcohol policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A vehicle safety program for drivers and vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A designated safety coordinator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prompt reporting of all employee injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A formal accident review and investigation program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee involvement in inspection/safety committees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physicals and periodic random drug testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A transitional duty/light duty program for injured workers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Designated employee to coordinate claim activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working with injured worker and insurer’s physician panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

36. Do you have any Management System certifications? Yes  No   
(eg ISO 9001, 14001, BS OHSAS 18001, ISO 27001, ) Please provide copies

37. Do you have certification for any of the following Management Security Systems?  
ISO 28007 Yes  No  ANSI/ASIS Yes  No  ISO 18788 Yes  No   
Please provide copies

38. Are you a member of ICoCA? Yes  No

39. If you are a member of ICoCA do you have ICoCA Certification? Yes  No   
Please provide copies

40. Are you a Member of a Trade Association? Yes  No  Please list:



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 assured 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 and supporting documentation by the applicant or their insurance agent on behalf of the applicant is solely the responsibility of the applicant.

Applicant's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

## Additional Notes