



**ROBERTS ARMYTAGE & PARTNERS LTD.  
CONTINGENCY PROTECTION INSURANCE  
CORPORATE COVERAGE QUESTIONNAIRE**

- 1) Name & Address of Corporation.....  
.....
- 2) Nature of Business Operations.....  
.....  
.....
- 3) Total Revenues (please provide Annual Report if available).....
- 4) Total number of Directors, Officers and Employees.....
- 5) Please list the locations of all overseas operations with the approximate number of employees at each location:

Country	Total No. of employees

- 6) List anticipated foreign travel by specific Country, Duration and Number of Employees:

Specific Country	Frequency	Duration	Total No.

- 7) Have there been any threats or incidents which would have given rise to a claim under the policy, *if yes please give details*.....  
.....  
.....
- 8) Please state any special security precautions or attach details.....  
.....



**Roberts  
Armytage  
& Partners**

**9) Limits of liability requested.....**

*I have read the above and declare that to the best of my knowledge and belief the statements are true and complete.*

*Signing this form does not bind the Applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.*

**DATE:** .....

**SIGNATURE OF APPLICANT:** .....