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War Risk Questionnaire/Activity Report

Ceding Company: Name of Policyholder:			Contact:	Date:	
			Policyholder Location/Division:		
Nature of Business	:				
EMPLOYEE NAME:	SUM INSURED:	BENEFIT:	LOCATION (City/Country):	DATES OF STAY:	COVERAGE TYPE (24 Hr., War Only):
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Purpose of Trip:_____

Loss Schedule:

Details of Safety Measures, if any, being taken: (eg. Military escort): _____

* Above information assumes a maximum termination age of 70.