



# Application for Corporate Kidnap, Ransom and Extortion Insurance

Name of Company \_\_\_\_\_  
 Main Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Basic Information

a. Nature of Business \_\_\_\_\_

b. No. of Directors, Officers & Employees \_\_\_\_\_ Total no. of sub-contractors to be covered \_\_\_\_\_

c. Total Revenue *(last 3 years, if possible)* or please enclose a set of financial statements  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Total Assets *(from last annual report)* \$ \_\_\_\_\_

d. Please list the locations of all overseas operations with the approximate number of employees at each location and, if available, the breakdown of expatriate/third country nationals and local nationals.

| Location | Number of Employees | Expatriates/Third Country Nationals |
|----------|---------------------|-------------------------------------|
|          |                     |                                     |
|          |                     |                                     |

e. Provide details of any staff travel outside of the United States of America. Include the city and country, number of staff traveling and duration of travel over the next 12 months. *(Attach additional pages as necessary.)*

| City and Country | Number of Staff Traveling | Duration of Travel |
|------------------|---------------------------|--------------------|
|                  |                           |                    |
|                  |                           |                    |

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| f. Do you own, lease or charter any ship or vessel?  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you have a formal Security Department?   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Do you have a formal Crisis Management Plan?<br><b>If yes to f-h, please provide details</b> _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Have there been any incidents which would have given rise to a claim under the policy?<br><b>If yes, please provide details</b> _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Have you ever been declined kidnap and ransom insurance, or has any insurer ever cancelled or declined to renew your policy?<br><b>If yes, please give full details</b> _____ | <input type="checkbox"/> | <input type="checkbox"/> |

k. Limits of Liability requested: *(please state currency)* *(Limits offered between \$500,000 - \$65,000,000)* \$ \_\_\_\_\_

### NOTICE TO APPLICANTS:

**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.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Producer Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_