



Kidnap & ransom

Application form

United States



KIDNAP AND RANSOM

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Kidnap and Ransom policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company and should make all the necessary inquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Insured company:	
Address:	
Zip code:	
Year of establishment:	Website:

1.2 Please describe below the nature of your business activities:

<hr/> <hr/> <hr/>

1.3 Please state the following in respect of the next financial year:

a) Estimated total assets:

\$

b) Estimated revenue:

\$

1.4 Please state the number of employees:

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1.5 Please state whether all employees will be covered by this policy.

Yes No

If 'no', please provide details of who will be covered by this policy and, continue on the ADDITIONAL INFORMATION page if necessary:

1.6 Please state all the territories where employees to be covered by this policy are based:

Location	Total number of employees	Total number of employees who are expatriates	Total number of employees who are local nationals

SECTION 2: BUSINESS TRAVEL

2.1 Is any business travel planned in the next 12 months?

Yes No

If 'yes', please provide details of the countries that will be travelled to. If 'no' please provide details of the business travel history for the previous 12 months and continue on the ADDITIONAL INFORMATION page if necessary:

2.2 Do you have any special security measures in place for high risk territories?

Yes No

If 'yes', please provide details and continue on the ADDITIONAL INFORMATION page if necessary:

SECTION 3: INSURANCE REQUIREMENTS

3.1 Please provide details of the cover you require for Kidnap and Ransom insurance:

Limit: _____	Start date: _____
\$ _____	_____

3.2 Please indicate if you are interested in the following extension covers:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| a) Assault | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Child abduction | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) Express kidnap | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) Business interruption | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e) Cyber extortion business interruption | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f) Threat | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g) Stalking threat | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

SECTION 4: CLAIMS EXPERIENCE AND INSURANCE HISTORY

AFTER FULL INQUIRY:

- a) have you ever been declined, had cancelled, or have been refused renewal for kidnap and ransom insurance, or
- b) are you aware of any circumstances which may give rise to a claim under this policy, or
- c) have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity, or
- d) have any kidnap and ransom events occurred to any companies to be insured within the last 5 years?

With reference to questions a), b), c) and d) above:

Yes No

If the answer to the above is yes then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 5: DECLARATIONS

- I declare that AFTER FULL INQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Signed: _____	Full name: _____
Position held: _____	Date: _____ MM / DD / YY

ADDITIONAL INFORMATION: