



# Kidnap & Ransom INSURANCE APPLICATION

Current Date: \_\_\_\_\_

1. NAME OF INSURED:

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Contact: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

2. CORPORATE MAILING ADDRESS

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3. NATURE OF BUSINESS:

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4. TOTAL ASSETS: \$ \_\_\_\_\_

ANNUAL REVENUES: \$ \_\_\_\_\_

5. OFFICERS: \_\_\_\_\_ DIRECTORS: \_\_\_\_\_ TOTAL EMPLOYEES: \_\_\_\_\_

6. LIST LOCATIONS OF ALL RESIDENT EMPLOYEES & THE NUMBER OF EMPLOYEES AT EACH:

COUNTRY	CITY	TOTAL # OF EMPLOYEES

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*(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)*

7. LIST DETAILS OF ANTICIPATED FOREIGN TRAVEL:

COUNTRY	NUMBER OF EMPLOYEES	FREQUENCY

*(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)*

8. LIMITS REQUIRED:

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9. DETAILS OF PRIOR KIDNAP OR EXTORTION THREATS OR ATTEMPTS:

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10. DETAILS OF COVERAGE CURRENTLY CARRIED:

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THIS APPLICATION DOES NOT BIND THE APPLICANT OR ANY COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

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Applicant Signature

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Printed Name

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Date

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Title