



CORPORATE KIDNAP, RANSOM & EXTORTION APPLICATION

(Attach additional sheets when necessary)

1. Name of Applicant: _____

2. Home Office Address: _____

3. Business or Type of Industry: _____

4. Revenues or Assets: \$ _____

5. Employee census information: A. Total number of employees: _____

B. Total number of employees traveling outside the U.S.: _____

<u>Country</u>	<u>Number of Employees</u>	<u>Duration Of Trip</u>	<u>Reason For Trip</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Total Number of Employees stationed/assigned outside the U.S.: _____

<u>Country</u>	<u>Number of Employees</u>	<u>Duration of Assignment</u>	<u>Citizenship (U.S. or Other)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Describe any previous kidnap, extortion or detention incidents, attempts or threats: _____

7. Describe any security or prevention measures to protect those persons in question 5 above from an incident to which this coverage applies: _____

8. Limit of Insurance requested: _____

THE UNDERSIGNED AUTHORIZED OFFICER OF THE CORPORATION DECLARES TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE.

SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED OR US, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signed: _____ Title: _____ Date: _____