



FAMILY KIDNAP, RANSOM & EXTORTION APPLICATION

(Attach additional sheets when necessary)

1. Name of Applicant: _____
2. Address: _____
3. Occupation: _____
4. Financial Information: Net Worth \$ _____ Annual Income \$ _____
5. Family members to be covered:

<u>Name</u>	<u>Age</u>	<u>Relationship to Applicant</u>	<u>Home Address if Different than Applicant</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Do any of the person(s) listed in number (5) above have an individual net worth greater than US \$500,000?
If so, please list:

<u>Occupation</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Detail of anticipated travel outside resident country: _____

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

9. Describe any security or prevention measures taken to protect those persons in number (5) above from an incident to which this coverage applies: _____

10. Limit of Insurance requested: _____

THE UNDERSIGNED APPLICANT DECLARES TO THE BEST OF HER/HIS 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.

Signature: _____ Date: _____