



AUSTRALIA
CANADA
IRELAND
ISRAEL
UNITED KINGDOM
UNITED STATES
REST OF WORLD

KIDNAP AND RANSOM

APPLICATION FORM

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INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

HOW TO COMPLETE THIS FORM

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

If you require extra space to answer the questions or provide any other material information, please use 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:	
Post code:	
Year of establishment:	Website:

1.2 Please describe below the nature of your business activities:

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: _____
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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 ENQUIRY:

- 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 ENQUIRY 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: <u> </u> / <u> </u> / <u> </u>

ADDITIONAL INFORMATION: