

**KIDNAP AND RANSOM
INSURANCE**

APPLICATION

1. Name of Applicant: _____

2. Address of Applicant's Principal Location:

3. Number of Locations, other than above, located within the United States of America and Canada:

4. (a) Predominant Business Activity; please describe: _____

(b) SIC Code: _____

(c) Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)?

If yes, please describe: _____

5. Year: _____ Total Assets: \$ _____
- (Last Full Fiscal Year) -
Total Revenue: \$ _____ Net Worth: \$ _____
- -

6. Limit of Liability desired per Loss: \$ _____

7. Please provide details (including date) of any known Kidnap/Extortion attempts or threats against Applicant or Applicant's staff, directors or their immediate families:

8. Please provide details of the present Kidnap and Ransom/Extortion Insurance carried (if the answer is none, please so state):

Insurer Limit of Liability Deductible Amount Expiration Date

FOREIGN COVERAGE

Coverage is extended to include protection for persons employed by the Applicant in foreign countries on a regular basis or for domestic employees while traveling in foreign countries. Please complete Question 9 if foreign coverage is desired; otherwise it will be deleted by endorsement.

9. (a) Do directors, officers or other employees not in regular foreign service take trips to Afghanistan, Angola, Bolivia, Burma, Chad, Chile, Colombia, Costa Rica, El Salvador, Equador, Guatemala, Guyana, Honduras, Iran, Iraq, Italy, Lebanon, Libya, Nicaragua, Northern Ireland, Peru, Philippines, Uganda or Zimbabwe? _____

If yes, please complete the following information for a period of the last twelve months:

<u>Country</u>	<u>Number of trips</u>	<u>Number of Individuals</u>	<u>Average Length of Trips</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (b) Please provide the same information for trips over thirty (30) consecutive days to other places outside the United States and Canada:

<u>Country</u>	<u>Number of trips</u>	<u>Number of Individuals</u>	<u>Average Length of Trips</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (c) Are employees in the regular foreign service of the Applicant to be covered? _____ Yes _____ No

If yes, please provide the following information:

<u>Country of Employment</u>	<u>Type of Operation</u> (Please designate as Subsidiary or Branch)	<u>No. of Employees To Be Covered*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Does the number listed constitute your entire foreign exposure? _____ Yes _____ No

If no, please explain: _____

(d) Coverage includes buildings and equipment in the United States, Canada and elsewhere. Please complete the following, for coverage outside the United States and Canada.

<u>Country in which Property is Located</u>	<u>Type of Operation</u>	<u>Value of Property To Be Covered</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted by: _____
(Agent)

Signed: _____

Address: _____

Title: _____

Firm: _____

Date: _____

Date: _____