

## Kidnap & Ransom Insurance Application - Universities and Colleges

Name of University or College		
Head Office Address		
Name & Title of University or College Contact Person		
Location of other Offices, Campuses or Operations		
Subsidiaries to be included in plan		
Total Assets	Total Revenues	
<p>Please note the following:          If opting to cover <u>Employees Only</u>, please provide number of Employees Only.          If opting to cover <u>Employees, Students, Volunteers &amp; Agents</u>, please provide number of Employees, Students, Volunteers &amp; Agents.</p>		
No. of Employees	No. of Students	No. of Volunteers & Agents
Please provide full details of all foreign travel and residency. Please provide names of individuals, areas of travel (i.e. cities and countries), frequency and duration. Please attach a travel schedule if necessary.		
Have there been any kidnaps, attempted kidnaps or threatened kidnaps? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide details:		
Does your University or College have any existing or excess coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide details:		
Limit of Liability Required: <b>(Not to exceed Total Assets or Revenues)</b> <input type="checkbox"/> OPTION 1 - CDN \$1,000,000 <input type="checkbox"/> OPTION 2 - CDN \$2,000,000 <input type="checkbox"/> OPTION 3 - CDN \$3,000,000 <input type="checkbox"/> OPTION 4 - CDN \$5,000,000	<b>POLICY TERM:</b> <input type="checkbox"/> OPTION 1 - One Year Term <input type="checkbox"/> OPTION 2 - Two Year Term <input type="checkbox"/> OPTION 3 - Three Year Term	
Broker/Agent/Consultant		
Contact Name and Telephone No.		

### DECLARATION

<p>I have read the above and declare that to the best of my knowledge and belief the statements are true and complete.</p> <p>I understand that signing this application does not bind me to complete the insurance but, I do agree that, should a Document of Insurance be concluded, this Application, and the statements made herein, shall form the basis of the Insurance. Further, that SUTTON SPECIAL RISK INC. is hereby authorized as the sole representative for placement of this Insurance.</p>		
Authorized University or College Signature	Print Name & Title	Date