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**EXTORTION KIDNAP RANSOM  
 COVERAGE QUESTIONNAIRE**  
 Corporate New/Renewal

**PLEASE  
 ANSWER ALL  
 QUESTIONS**

\_\_\_\_\_  
 Name of Company

\_\_\_\_\_  
 Home Office Address

\_\_\_\_\_  
 Name & Title of Company Contact

\_\_\_\_\_  
 Nature of Business

\_\_\_\_\_  
 Location of other Offices, Plants or Operations

\_\_\_\_\_  
 Subsidiaries to be included in plan

_____ No. of Directors	_____ No. of Officers	_____ No. of other Employees
_____ Total Assets		_____ Total Revenues

**PLEASE  
 ATTACH  
 THE MOST  
 CURRENT  
 ANNUAL  
 REPORT**

Please provide full details of all foreign travel and residency. Please provide names, areas of travel, frequency and duration. Please attach a schedule if necessary.

**LIMIT OF  
 LIABILITY  
 REQUIRED**

Have there been any kidnaps, attempted kidnaps or threatened kidnaps?	no	yes/please give details:
Does your Company have any existing or excess coverage?	no	yes/please give details:
CDN	OPTION 1	_____ _____ _____
US	OPTION 2	
	OPTION 3	
(Not to exceed total Assets or Revenues)		

**BROKER  
 INFORMATION**

\_\_\_\_\_  
 Broker/Agent/Consultant

\_\_\_\_\_  
 Contact name and telephone no.

**DECLARATION**

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete.

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.

_____ Authorized Company Signature	_____ Print Name & Title	_____ Date
_____ Licenced Resident Agent Signature	_____ Print Name	_____ Date