



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

**PLEASE
 ANSWER ALL
 QUESTIONS**

Proposed Insured Person

Address

Occupation

Please state the name(s) and city of residence of the person(s) to be insured. Please provide details.

| | | |
|---|----|--|
| Does the person(s) to be insured have existing coverage? | no | yes. Please provide details |
| Have there been any kidnaps, attempted kidnaps or threatened kidnaps? | no | yes. Please provide details |
| Does the person(s) to be insured plan to travel outside the country of residence? | no | yes. Please provide names, areas of travel, frequency and duration |
| Proposed Insured Person's net assets: | | Currency: US \$ CDN \$ |
| Limits of liability requested (Not to exceed your total assets) | | OPTION 1 |
| | | OPTION 2 |

**LIMIT OF
 LIABILITY
 REQUIRED**

**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.

Signature of Proposed Insured Person

Print Name

Date

Signature of Licensed Resident Agent

Print Name

Date