

Kidnap & Ransom Insurance Application - Corporate

Name of Company		
Home Office Address		
Name and 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 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 Company have any existing or excess coverage?	<input type="checkbox"/> No	<input type="checkbox"/> Yes. Please provide details:
Limit of Liability Required (Not to exceed Total Assets or Revenues) <input type="checkbox"/> US \$ <input type="checkbox"/> CAN \$	OPTION 1	
	OPTION 2	
	OPTION 3	
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.

Authorized Company Signature

Print Name & Title

Date