

Kidnap & Ransom Insurance Application - Corporate

Name of Company		
Head Office Address		
Name and Title of Company Contact		
Nature of Business		
Location of other Offices, Plants or Operations		
Number of Directors	Number of Officers	Number 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 ever been any kidnaps, attempted kidnaps or threatened kidnaps? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide details:		
Does your Company have existing coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide details:		
Currency: <input type="checkbox"/> CAD <input type="checkbox"/> USD	Limit of Liability Required: (Not to exceed Total Assets or Revenues) <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$_____	Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Two Year <input type="checkbox"/> Three Year
Broker/Agent/Consultant		
Contact Name and Telephone Number		

DECLARATION

<p>As an authorized representative of the Company, 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 purchase coverage and I further understand that should a policy be issued, this Application, any additional materials provided, and the statements made herein, shall form the basis of the Insurance.</p>		
Signature of Authorized Representative	Print Name & Title	Date