

**Kidnap & Ransom Insurance Application - University and College**

Name of University or College		
Address		
Name & Title of University or College Contact Person		
Location of other Offices, Campuses or Operations		
Total Assets	Total Revenues	
<p>Please note the following:                  If opting to cover <u>Employees Only</u>, please only provide number of Employees.                  If opting to cover <u>Employees, Students &amp; Volunteers</u>, please provide number of Employees, Students &amp; Volunteers.</p>		
Number of Employees	Number of Students	Number of Volunteers
<p>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.</p>		
Have there ever been any kidnaps, attempted kidnaps or threatened kidnaps? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide details:		
Does the University or College 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: <b>(Not to exceed Total Assets or Revenues)</b> <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**

As an authorized representative of the University or College, 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 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.		
Signature of Authorized Representative	Print Name & Title	Date