

**CORPORATE KIDNAP, RANSOM & EXTORTION APPLICATION**  
(Attach additional sheets when necessary)

1. Name of Applicant: \_\_\_\_\_
2. Home Office Address: \_\_\_\_\_
3. Business or Type of Industry: \_\_\_\_\_
4. Revenues or Assets: \$ \_\_\_\_\_
5. Employee census information:      A. Total number of employees: \_\_\_\_\_

B. Total number of employees traveling outside the U.S.: \_\_\_\_\_

<u>Country</u>	<u>Number of Employees</u>	<u>Duration Of Trip</u>	<u>Reason For Trip</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Total Number of Employees stationed/assigned outside the U.S.: \_\_\_\_\_

<u>Country</u>	<u>Number of Employees</u>	<u>Duration of Assignment</u>	<u>Citizenship (U.S. or Other)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Describe any previous kidnap, extortion or detention incidents, attempts or threats: \_\_\_\_\_  
\_\_\_\_\_
7. Describe any security or prevention measures to protect those persons in question 5 above from an incident to which this coverage applies: \_\_\_\_\_
8. Limit of Insurance requested: \_\_\_\_\_

THE UNDERSIGNED AUTHORIZED OFFICER OF THE CORPORATION DECLARES TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE.

SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED OR US, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Kidnap & Ransom/Extortion Family Coverage

1. NAME OF APPLICANT: \_\_\_\_\_

2. APPLICANT'S MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. DESCRIPTION OF APPLICANT'S BUSINESS OPERATIONS: \_\_\_\_\_

4. NET WORTH OF APPLICANT: \$ \_\_\_\_\_ ANNUAL INCOME OF APPLICANT: \$ \_\_\_\_\_

5. PERSONS TO BE COVERED UNDER THIS POLICY:

NAME	AGE	RELATIONSHIP TO APPLICANT	NATIONALITY	COUNTRY OF RESIDENCE	OCCUPATION

6. EXTENT OF TRAVEL OUTSIDE RESIDENT COUNTRY BY PERSON(S) IN QUESTION #5 ABOVE:

NAME	DESTINATION	FREQUENCY	DURATION

7. DOES ANY PERSON LISTED IN QUESTION #5 HAVE PERSONAL NET WORTH IN EXCESS OF \$1,000,000? IF SO, PLEASE LIST NAMES AND AMOUNTS: \_\_\_\_\_

8. DOES THE APPLICANT OR ANY PERSON LISTED IN QUESTION #5 HAVE A HIGH PROFILE DUE TO SOCIAL, POLITICAL OR OCCUPATIONAL ACTIVITIES? IF SO, PLEASE DESCRIBE: \_\_\_\_\_

9. PLEASE STATE ANY SPECIAL SECURITY PRECAUTIONS OR ATTACH DETAILS: \_\_\_\_\_

<b>10. HAS THE APPLICANT OR ANY PERSON(S) TO BE COVERED UNDER THIS POLICY:</b>	<b>YES</b>	<b>NO</b>
a. EVER BEEN DECLINED, CANCELLED OR HAD A POLICY ISSUED WITH SPECIAL CONDITIONS BY ANY INSURANCE CARRIER?	_____	_____
b. EVER RECEIVED AN ACTUAL, ATTEMPTED OR THREATENED KIDNAPPING, EXTORTION, DETENTION, OR HIJACKING ATTEMPT?	_____	_____
c. HAVE KNOWLEDGE OR INFORMATION WHICH MAY REASONABLY GIVE RISE TO A CLAIM? <i>(IF ANY OF THE ABOVE ANSWERS ARE YES, PLEASE ATTACH DETAILS)</i>	_____	_____

11. REQUESTED LIMITS OF LIABILITY: \_\_\_\_\_ DEDUCTIBLE: \$ \_\_\_\_\_

**NOTICE TO APPLICANTS:** THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, BUT IT IS AGREED THAT THIS APPLICATION WILL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF

THIS APPLICATION AND THE INCEPTION DATE OF THIS POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_