# Kidnap & Ransom Insurance Plan

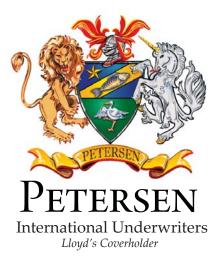


### **Coverage For**

Kidnapping • Extortion Detention • Hijacking

## Used By

Individuals Corporations Missionary Groups Financial Institutions Educational Institutions



#### **Insurance** Need

Imagine the overwhelming feeling of freedom and sheer joy that would be felt upon the release of a Kidnap victim. Now imagine the terror upon the realization that you are without insurance. Your company or your family had to pay the large ransom, purchase specialized phone equipment, hire security protection, hire a negotiator, and pay many more expenses, all of which were only made possible by liquidating ALL assets. In addition to this overwhelming amount of debt, in order to rejoin society the Kidnap victim may need extensive psychiatric counseling and rehabilitation.

#### How Coverage Works

Kidnap and Ransom Insurance has been developed to reimburse the policy owner for the expenses incurred with a Kidnapping. A policy owner will apply for coverage to protect themselves against a loss caused by a Kidnapping or an Extortion. The policy owner may apply for benefits up to their personal or corporate net worth. If a claim occurs the policy owner will need to front the money to the Kidnappers and then submit a claim to be reimbursed for the expenses.

One of the most beneficial parts of the plan is the *unlimited expenses* for the Crisis Response Team. The Crisis Response Team has worldwide knowledge about how negotiations should be handled in each specific location. They will provide advice based on their negotiating experience, such as:

- Should the police be contacted/are the police trustworthy.
- How to make the Kidnapper provide Proof of Life.
- Where to set up a meeting.
- How to strategically talk with the Kidnappers.
- How to deliver the ransom.



#### Experience

Petersen International Underwriters has been underwriting Kidnap and Ransom policies for the past 25 years. In house binding authority allows us to place last minute coverage for individuals or corporations that need coverage immediately. Petersen International Underwriters has years of claims experience and is certified in *Homeland Security Preparation and Response Team Level III*.



**Kidnap:** The taking of one or more of the insured persons captive by persons who then demand a ransom, specifically from the policy owners assets, as a condition of the release of the insured.

**Extortion:** Threatening the insured with injury, death, abduction, or causing physical damage to or Loss of property.

**Detention:** The holding under duress of an insured for whatever reason, other than Kidnap, such as political detention.



**Hijack:** The illegal holding under duress for a period in excess of six consecutive hours of an insured while traveling on any aircraft, motor vehicle or waterborne vessel.

#### **Key Benefits**

Ransom Reimbursement: Underwriters will reimburse the ransom paid for a covered event.

**Personal Accident:** Lump sum benefit for loss of limb(s), loss of sight, loss of extremity, permanent total disablement or death of the insured, solely and directly as a result of a covered event.

**Loss of Ransom During Delivery:** The loss in transit of a ransom by confiscation, destruction, disappearance, seizure or theft while it is being conveyed, to those who have demanded it, by a person authorized to do so by the policy owner.

**Private Negotiator:** Expenses for an independent negotiator engaged by the policy owner with the prior authorization of underwriters.

**Public Relations:** Expenses of an independent public relations consultant and/or interpreter.

**Travel Expenses:** Costs of travel and accommodation incurred as recommended by the Crisis Response Team.

**Psychiatric Expenses:** Expenses for independent psychiatric, medical, and legal advice incurred prior to and within twelve consecutive calendar months of the release of the insured.

**Reward Payments:** Reward paid by the policy owner to an informant for information which contributes to the resolution of the covered event.



**Financial Losses:** Personal financial loss suffered by an insured person solely as a direct result of the physical inability to attend to personal financial matters while a victim of a Kidnap, Extortion, Detention or Hijack.

**Loss of Income:** 100% of a Kidnapped, detained or hijacked insured persons gross salary including bonuses, commissions, cost of living adjustments, pension and/or welfare contributions and allowances, which were contractually due at the time the covered event occurs and for 60 consecutive days following the release. Detention benefits will be limited to a period of 36 consecutive calendar months.

**Employee Income Protector:** The costs incurred by the policy owner for the salaries of employees specifically designated to assist in negotiating on an covered event. These are not to exceed the employee's 100% of salary including bonuses and allowances. It also covers all other reasonable expenses solely and directly incurred in connection with such negotiations, provided that an itemized account of such employee's time, services and expenses is provided.



**Asset Protection:** Benefits to cover interest on loans raised specifically to meet a Ransom and in respect of amounts reimbursed, provided that the loan is repaid within seven days of the policy owner receiving reimbursement of the same from the policy.

**Security Coverage:** Expenses for security guards hired solely and directly for the purpose of protecting a insured person located in the country where a covered event has occurred and on the specific recommendation of the Crisis Response Team

**Specialized Equipment:** Costs of communication equipment, recording equipment and advertising incurred solely as a result of a covered event.

**Rehabilitation Benefit:** Rest and rehabilitation expenses that occur within six consecutive calendar months following the release of a Kidnap, Detention, and/or Hijack victim and are incurred by the victim, the victim's spouse and/or children.

**Funeral Expenses:** Cost of repatriation of the body of the Kidnap, Detention, and/or Hijack victim in the event of death during a covered event. Costs of burial/cremation of the Kidnap and/or Detention and/or Hijack victim incurred in the event of death during a covered event.

**Child Care:** Expenses of child care incurred directly as a result of a Kidnap, Detention, and/or Hijack.

# Personal/Family Application

I. Applicant	A State of the sta				
First	Middle		Last		
Date of Birth //		Citizenship_			
Email		_ Telephone (	)	Fax (_	
Number & Street					
City					
Annual Income US\$		_ Value of Person	al Assets:		
Business or Occupation:		Name of Company:			
Number & Street		_	-		
City	State		Zip Code	<u> </u>	
II. Is the Applicant also to be insu				-	
Name:	Date of Birth:			City of Residence:	
IV. Please answer the following pe	8				🗆 Yes 🗖 No
<ol> <li>Has there ever been any pri</li> <li>Has there ever been any thr</li> </ol>				tion?	$\Box \operatorname{Yes} \Box \operatorname{No}$
<ol> <li>Has there ever been any threat or attempt at a kidnapping, extortion, or detention?</li> <li>Are there any current threats or incidents regarding kidnapping, extortion, or detention?</li> </ol>				$\Box$ Yes $\Box$ No	
4. Is there any existing coverag	U	0 11 0			🛛 Yes 🖵 No
5. Are any of the proposed ins		oing prospects be	cause of		
business, outside interests, o	or other activities?				🗆 Yes 🗖 No
If yes to any of these, please prov	vide details:				
V. Please indicate the coverage yo (Please note that the maximum b	0	ad parsonal as	note)		
·		•	,	. ф	
□ \$250,000 □ \$500,000 □	□ \$750,000 □	\$1,000,000	Other amou	nt: \$	
I have read the above and declare that t	a the best of my line	wladge and helie	f the statem of	nto and truce and acc	mplate and that I have
I have read the above and declare that to not knowingly withheld any information Signing this form does not bind the App the basis of the contract should a policy	n which may be mai plicant nor the Under or certificate of inst	terial to Underwi erwriters to comp urance be issued.	riters in their olete the insur	assessment and con assessment and according to the second con- rance, but it is agree	ceptance of the risk. ed that this form shall be

Applicant	Name
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Date

Producer #:\_\_\_\_

CORPO				
APPLIC				
. General				
Business Name:				
Number & Street				
City State Zip				
	Value of Business Assets:			
Type of Business:				
II. Please provide the following number of employees in each category:				
	er to be Insured:			
	er to be Insured:			
	er to be Insured:			
III. List ALL persons to be insured or attach a census:				
-				
Name:    Date of Birth:	_ City of Residence:			
IV. List details of non-USA exposure to employees:				
V. Please indicate the coverage you are seeking:				
(Please note that the maximum benefit cannot exceed business assets)				
□ \$1,000,000 □ \$2,000,000 □ \$5,000,000 □ \$10,000,000	□ Other amount: \$			
VI. Please answer the following pertaining to ALL proposed Insureds:				
1. Has there ever been any prior kidnapping, extortion, or detention incide	ent? 🛛 Yes 🗆 No			
<ol> <li>Has there ever been any prior ktempping, extortion, or accention meter</li> <li>Has there ever been any threat or attempt at a kidnapping, extortion, or</li> </ol>				
3. Are there any current threats or incidents regarding kidnapping, extortion				
5. Are there any current threats of incluents regarding kidnapping, extortion				
<ul><li>4. Is there any existing coverage at this time, or within the past 12 months?</li></ul>	Yes 🗆 No			
<ol> <li>Is there any existing coverage at this time, or within the past 12 months?</li> <li>Are any of the proposed insureds likely kidnapping prospects because of</li> </ol>	f			
4. Is there any existing coverage at this time, or within the past 12 months?				

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete and that I have not knowingly withheld any information which may be material to Underwriters in their assessment and acceptance of the risk. Signing this form does not bind the Applicant nor the Underwriters to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy or certificate of insurance be issued.

Officer of Firm	Signature	Date
	(Print Name)	

Producer #:\_\_\_\_\_