



CORPORATE APPLICATION

I. General

Business Name: _____
 Number & Street _____
 City _____ State _____ Zip Code _____
 Annual Revenue US\$ _____ Value of Business Assets: _____
 Type of Business: _____

II. Please provide the following number of employees in each category:

Total number of Directors:	_____	Number to be Insured:	_____
Total number of Officers:	_____	Number to be Insured:	_____
Total number of other Employees:	_____	Number 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 incident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has there ever been any threat or attempt at a kidnapping, extortion, or detention? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are there any current threats or incidents regarding kidnapping, extortion, or detention? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is there any existing coverage at this time, or within the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are any of the proposed insureds likely kidnapping prospects because of business, outside interests, or other activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes to any of these, please provide details: _____

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 #: _____