

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

INDIVIDUAL PROTECTION INSURANCE FOR KIDNAP AND RANSOM

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Name of Applicant _____
2. Mailing Address _____
3. Nature of Applicant's occupation or business activities _____
4. Net assets of the proposer: _____
5. Total number of individuals to be insured: _____

Specify the names of the individuals to be insured and their country of residence if different from the proposer: (Continue on a separate sheet if necessary)

Number of individuals	Country

6. Specify any planned or expected travel within the next 12 months: _____

7. Do you have any other form of kidnap and ransom insurance? Yes No

If Yes, please state with whom you are insured and for what sum insured

Name of insurance company _____ Sum _____

8. Have you or any person to be insured had any illegal threats either directly or indirectly made against you or to any insured person? Yes No

9. Have you or any person to be insured suffered any incidents that would be covered as insured events under the policy? Yes No

If Yes, please give details: (Continue on a separate sheet if necessary) _____

10. Amount to be insured: _____ Currency _____

11. Specify any security precautions or preventative measures in place _____



You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters: If you are in any doubt as to what constitutes a material fact you should consult your broker).

I understand that the signing of this proposal does not bind me to complete or Underwriters to accept this Insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis and be incorporated into the contract.

Applicant's Signature

Position in Company

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform underwriters of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Did you receive the order direct from the Applicant? Yes No

If no, how long have you known the applicant? _____ Is the operation financially sound? Yes No

Do you handle other insurance for the Applicant? Yes No Do you recommend this applicant in every respect? Yes No

Please provide any additional information pertinent to the underwriting or acceptance of this risk which has not been requested in the application above.

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE