

Corporate Kidnap & Ransom Proposal Form:

Name of Company:	·	·								
Head Office Address	5:									
Business Website Ad	ddress:									
Nature of Business:										
Number of Directors, Officers and Employees to be covered:										
Dire	ectors									
Offi	cers									
Emp	oloyees									
Total Turnover		Net Assets								
Do you have perma	nent overseas operations?		Yes	No						
If yes, please list the locations of all permanent overseas operations with the approximate number of employees at each location and, if possible, the number of years experience in that location. (Please use a separate sheet if necessary)										
Country	Location(s) City/Town	Number of years in count	ry f	Number of Personnel						
Where international travel will take place please provide the following information. (Please use a										

separate sheet if necessary)

Territory/Region(s) Visited Number of Personnel Number of Visits Average stay at any one time

Please provide any relevant information regarding security precautions and/or procedures that are undertaken by overseas employees and/or travelers.

To the best of your knowledge has the company, or anyone working for the company, experienced any threats or incidents that are or would have been covered by the policy? Yes No

If yes please provide details. (Use separate sheet if necessary)

Limit(s) of liability requested. Please state currency.

500,000 1,000,000 2,000,000

5,000,000 10,000,000 Other:

Requested policy extensions:

Business Interruption Coverage

Computer Virus Interruption

Emergency Political Repatriation

Threat Response

Disappearance Investigation

Hostage Crisis

Express Kidnap

Child Abduction

I have read the above and declare that to the best of my knowledge and belief the statements are true
and complete.
Signing this form does not hind the applicant(s) to complete the insurance but it is agreed that this form

Signing this form does not bind the applicant(s) to complete the insurance but it is agreed that this form
will be the basis of contract should a policy be issued.

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Name:			
Position in Company:			
Signature:			
Date:			