

Kidnap and Ransom



Insurance application form

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Kidnap and Ransom policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

How to complete this form

Whoever fills out the form must be a principal, director or partner of the applicant company and should make all the necessary inquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable all the questions to be answered. If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return it directly toyour insurance broker.

tion 1: Company Details							
Please complete the following details:							
Insured Company:							
Address:							
Postal code:							
Year of establishment:		Website:	Website:				
Please describe below the nature of your business activities:							
Please state the following in respect of the next financial year:							
a) Estimated total assets:		£					
b) Estimated revenue:	£						
Please state the number of em	ployees:						
Please state whether all employees will be covered by this policy: Yes No							
If 'no', please provide details of who will be covered by this policy and, continue on the 'Additional Information' page if necessary:							
Please state all the territories where employees to be covered by this policy are based:							
Location	Total number of employees	Total number of employees who are expatriates	Total number of employees who are local nationals				
	Insured Company: Address: Postal code: Year of establishment: Please describe below the natural please state the following in real estimated total assets: b) Estimated revenue: Please state the number of emplease state whether all emploing in real estate in real estate whether all emploing in real estate whether all employers in real estate whether estate whet	Please complete the following details: Insured Company: Address: Postal code: Year of establishment: Please describe below the nature of your business activities: Please state the following in respect of the next financial year: a) Estimated total assets: b) Estimated revenue: Please state the number of employees: Please state whether all employees will be covered by this policy: If 'no', please provide details of who will be covered by this policy and the policy of the next financial year: Please state the number of employees: Please state all the territories where employees to be covered by this policy and the policy of the next financial year:	Please complete the following details: Insured Company: Address: Postal code: Year of establishment: Website: Please describe below the nature of your business activities: Please state the following in respect of the next financial year: a) Estimated total assets: £ b) Estimated revenue: £ Please state the number of employees: Please state whether all employees will be covered by this policy: Yes No If 'no', please provide details of who will be covered by this policy and, continue on the 'Additional Information of the informati				



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Section 2: Business Travel

.7	Is any business travel planned	Is any business travel planned in the next 12 months? Yes No						
	If 'yes', please fill out the table months. Please continue on th			ils in the table below of any busines necessary.	ss travel history for the previous 12			
	Country	Average ler	ngth of trip	Estimated no. of travellers	Estimated no. of trips			
.2	Do you have any special security measures in place for high risk territories? Yes No							
	If 'yes', please provide details and continue on the 'Additional Information' page if necessary:							
ec	tion 3: Insurance Requir	ements						
7	Please provide details of the cover you require for Kidnap and Ransom insurance:							
	Limit:			Start date:				
2	Please indicate if you are interested in the following extension covers:							
	a) Assault	Yes	No					
	b) Child abduction	Yes	No					
	c) Express kidnap	Yes	No					
	d) Business interruption	Yes	No					
	e) Threat	Yes	No					
	f) Stalking threat	Yes	No					



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Section 4: Claims Experience and Insurance History

	AFTER FULL ENQUIRY:							
	a) have you ever been declined, had cancelled, or have been refused renewal for kidnap and ransom insurance, or							
	b) are you aware of any circumstances which may give rise to a claim under this policy, or							
	c) have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity, or							
	d) have any kidnap and ransom events occurred to any companies to be insured within the last 5 years?							
	With reference to questions a), b), c) and d) above:	Yes	No					
	,	to the above is "yes" then please attach full details including an explanation of the background of events, the maximum ved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the velopments and payments.						
Sec	tion 5: Declarations							
•	I declare that AFTER FULL ENQUIRY the information provided in this or suppressed any material fact.	s applicatio	n form is true and complete and that I have not mis-stated					
•	I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.							
	Signed:	Full nam	e:					
	Position held:	Date:						



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Additional Information