

Application for Corporate Kidnap, Ransom and Extortion Insurance

Name of Company				
Main Office Address	City	Province	Pos	stal Code
Basic Information				
a. Nature of Business				
b. No. of Directors, Officers & Employees	Total no. of su	b-contractors to be cov	/ered	
c. Total Revenue (last 3 years, if possible) or please en	close a set of financial state	ments	\$	
Total Assets (from last annual report)			\$	
d. Please list the locations of all overseas operati available, the breakdown of expatriate/third co			each location	and, if
Location	Number of Employ	ees Expatri	ates/Third Co	untry Nationals
e. Provide details of any staff travel outside of Ca	inada. Include the city and o	ountry number of staff	traveling and	duration of
travel over the next 12 months. (Attach additional		ountry, number of stair	liaveling and	duration of
City and Country	d Country Number of Staff Traveling		Duration of Travel	
		ı	Voo	No
f. Do you own, lease or charter any ship or vesse	el?		Yes □	No □
g. Do you have a formal Security Department?				
h. Do you have a formal Crisis Management Plan	?			
If yes to f-h, please provide details			_	_
Have there been any incidents which would ha If yes, please provide details	ve given rise to a claim unde	· · · · · ·		
j. Have you ever been declined kidnap and ranso or declined to renew your policy? If yes, please give full details	om insurance, or has any ins			_
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k. Limits of Liability requested: (please state currency)	(Limits offered between \$500	.000 - \$65.000.000)	\$	
IOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any information, or conceals for the purpose of misleading, info	insurance company or other pers	on files an application for in	surance contai	ining any false
his document was issued or made by the Company in	• •	•	idaioni moui an	ioo aor, willoli 15
Applicant Signature	Title		Date	
Producer Signature	Title		Date	
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