

## Kidnap and Extortion Application

1. Customer: \_\_\_\_\_

2. Home Office Address: \_\_\_\_\_

\_\_\_\_\_

3. Business or type of industry: \_\_\_\_\_

4. Financial Information: (Attach latest annual report, if applicable)

Total Worldwide Revenue \$ \_\_\_\_\_

5. Employee Census Information: \_\_\_\_\_

Total number of Employees (Worldwide): \_\_\_\_\_

### Overseas Travel Information

Destination City/Country	# of Employees	Frequency/Duration of Trip	Reason for Trip
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_____	_____	_____	_____
_____	_____	_____	_____

6. Total Number of Permanent Employees stationed/assigned outside the U.S.

City/County	Number of Employees	Number of Directors/Officers	Citizenship (U.S. or Other)
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_____	_____	_____	_____
_____	_____	_____	_____

7. Describe any previous kidnap, extortion or detention incidents, attempts or threats:

\_\_\_\_\_

\_\_\_\_\_

8. Describe any security or prevention measures to protect those persons in Question 5 above from an incident to which this coverage applies:

\_\_\_\_\_

\_\_\_\_\_

9. Limit of Insurance Requested: \_\_\_\_\_

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THE UNDERSIGNED AUTHORIZED OFFICER OF THE CORPORATION DECLARES TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENT SET FORTH HEREIN ARE TRUE.

SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED OR US, BUT IS AGREED THAT THIS FORM SHALL BE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_