



Physicians and Surgeons Kidnap & Ransom Insurance Application

105 West Main St.
Elkin, NC 28621

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INTERNATIONAL SPECIALTY INSURANCE



Instructions: Print in black and initial all changes . Answer all questions in their entirety . Any unanswered questions will delay the processing."N/A" or "None" are unsatisfactory answers and will not be accepted.

CORPORATE APPLICATION

I. General

Business Name:
Number & Street
City State Zip Code
Annual Revenue US\$ Value of Business Assets:
Business or Occupation:

II. Please provide the following number of employees in each category:

Total number of Directors: Number to be Insured:
Total number of Officers: Number to be Insured:
Total number of other Employees: Number to be Insured:

III. List ALL persons to be insured or attach a census:

Name: Date of Birth: City of Residence:
[Blank lines for entry]

IV. List details of non-USA exposure to employees:

[Blank lines for entry]

V. Please answer the following pertaining to ALL proposed Insureds:

- 1. Has there ever been any prior kidnapping, extortion, or detention incident?
2. Has there ever been any threat or attempt at a kidnapping, extortion, or detention?
3. Are there any current threats or incidents regarding kidnapping, extortion, or detention?
4. Is there any existing coverage at this time, or within the past 12 months?
5. Are any of the proposed insureds likely kidnapping prospects because of business, outside interests, or other activities?

If yes to any of these, please provide details:
[Blank lines for entry]

VI. Please indicate the coverage you are seeking:

(Please note that the maximum benefit cannot exceed business assets)

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other amount:

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete and that I have not knowingly withheld any information which may be material to Underwriters in their assessment and acceptance of the risk. Signing this form does not bind the Applicant nor the Underwriters to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy or certificate of insurance be issued.

Officer of Firm Signature Date