



Entertainer's Kidnap & Ransom Insurance Application

*For individuals in the
Entertainment Industry*

*Including: Actors, Producers, Musicians,
Singers, Stunt Persons, Models, and
many more*

105 West Main St.
Elkin, NC 28621

800.849.0474 | 336.835.1729



INTERNATIONAL SPECIALTY INSURANCE



"Helping protect what you've achieved"

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: _____

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

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

1. Has there ever been any prior kidnapping, extortion, or detention incident? Yes No

2. Has there ever been any threat or attempt at a kidnapping, extortion, or detention? Yes No

3. Are there any current threats or incidents regarding kidnapping, extortion, or detention? Yes No

4. Is there any existing coverage at this time, or within the past 12 months? Yes No

5. Are any of the proposed insureds likely kidnapping prospects because of business, outside interests, or other activities? Yes No

If yes to any of these, please provide details: _____

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 _____