



Physicians and Surgeons Kidnap & Ransom Insurance Application

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Elkin, NC 28621

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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.

PERSONAL/FAMILY APPLICATION

I. Applicant

First _____ Middle _____ Last _____

Date of Birth ____/____/____ Citizenship _____

Email _____ Telephone _____ Fax _____

Number & Street _____

City _____ State _____ Zip Code _____

Annual Income US\$ _____ Value of Personal Assets: _____

Business or Occupation: _____ Name of Company: _____

Number & Street _____

City _____ State _____ Zip Code _____

II. Is the Applicant also to be insured? [] Yes [] No Please list all other persons to be insured.

Name: _____ Date of Birth: _____ City of Residence: _____

III. List details of travel anticipated outside country of residence (please include names, dates, places of travel and reasons)

IV. 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: _____

V. Please indicate the coverage you are seeking:

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

[] \$250,000 [] \$500,000 [] \$750,000 [] \$1,000,000 [] 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.

Applicant Name _____ Signature _____ Date _____