

Section 2: Business Travel

2.1 Is any business travel planned in the next 12 months that is not to either the United States, Canada, Europe or UK? Yes No

If 'yes', please provide details in the table below of any business travel history for the next 12 months and continue on the Additional Information page if necessary. Please list countries individually and do not group any planned travel by region or continent.

Country	Average length of trip	Estimated no. of travellers	Estimated no. of trips

2.2 Do you have any special security measures in place for high risk territories? Yes No

If 'yes', please provide details and continue on the 'Additional Information' page if necessary:

Section 3: Insurance Requirements

3.1 Please provide details of the cover you require for Kidnap and Ransom insurance:

Limit:	Start date:

Section 4: Claims Experience and Insurance History

AFTER FULL ENQUIRY:

a) have you ever been declined, had cancelled, or have been refused renewal for kidnap and ransom insurance, or

b) are you aware of any circumstances which may give rise to a claim under this policy, or

c) have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity, or

d) have any kidnap and ransom events occurred to any companies to be insured within the last 5 years?

With reference to questions a), b), c) and d) above: Yes No

If the answer to the above is "yes" then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.



Kidnap and Ransom Insurance application form



Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfc.com

Contact name:

Position:

Signature:

Date (DD/MM/YYYY):

Additional Information