

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please complete the following details:

Insured Company:

Address:

Postal code:

Year of establishment:

Website:

1.2 Please describe below the nature of your business activities:

1.3 Please state the following in respect of the next financial year:

a) Estimated total assets:

£

b) Estimated revenue:

£

1.4 Please state the number of employees:

1.5 Please state whether all employees will be covered by this policy: Yes No

If 'no', please provide details of who will be covered by this policy and, continue on the 'Additional Information' page if necessary:

1.6 Please state all the territories where employees to be covered by this policy are based:

Location	Total number of employees	Total number of employees who are expatriates	Total number of employees who are local nationals

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