



Swett & Crawford

KIDNAP/RANSOM COVERAGE APPLICATION

1. Insured

Address of Insured's Principal Location _____

Number of Locations, other than above, located within the United States of America, its Possessions, and Canada:

Gross Revenues/Net Worth \$

Year (Last full fiscal year)

2. PERSONS TO BE COVERED:

NO. IN EACH CATEGORY

ARE THEY TO BE COVERED

- | | | | |
|---------------------------|-------|---------------------------|--------------------------|
| (a) Elected Officers | _____ | <input type="radio"/> Yes | <input type="radio"/> No |
| (b) Non-Officer Directors | _____ | <input type="radio"/> Yes | <input type="radio"/> No |
| (c) All Other Employees | _____ | <input type="radio"/> Yes | <input type="radio"/> No |

Coverage automatically extends to Relatives as defined and guests of persons covered (see policy wording).
If coverage is to be limited to specified persons list below showing name, position and location:

NAME	POSITION	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Limits desired:
(a) per loss (regardless of number of persons involved) \$ _____
(b) Aggregate in any one policy year (for all losses) \$ _____

Deductible: \$ _____

Is foreign coverage desired? Yes No
(If answer is "Yes" see reverse side of application)

Provide details of any kidnap attempts or threats against your staff, directors or their immediate families (including date)

Dated: _____ Signed: _____
(Name and title of person completing this form for Insured)

4. FOREIGN COVERAGE

Coverage may be extended to include protection for persons employed by the Insured in foreign countries on a regular basis or for domestic employees while traveling in foreign countries. Please complete the following if foreign coverage is desired.

- (a) Are domestic Employees traveling in foreign countries to be covered? Yes No
- (b) Are employees in the regular foreign service of the Insured to be covered? Yes No





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4. If the answer to question (b) is "YES" please provide the following information:

(cont.)

Country in which employed	Operation (Mfg. Sales, etc.)	No. of Employees To be Covered.

* Do the Employees listed constitute your foreign exposure? Yes No
If the answer is "NO" please explain _____

Coverage may be extended to include buildings, equipment, raw material. and. finished goods, in the USA and abroad. Please complete the following if such coverage is desired.

County in which property is located	Operation (Mfg. Sales, etc.)	Value of Property To be Covered

5. Name of Insured _____ Age _____

6. Address of Insured _____

7. Details of Insured's occupation(s) (State all) _____

8. Persons to be insured:

Name	Age	Details of occupation(s)

9. Do the persons to be insured all live at the above address? Yes No

10. Are the insured persons singularly exposed to kidnapping by reason of their or the Insured's pursuits, business activities or for any other reasons?
Give details _____

11. Do the Proposer's total personal assets exceed
(a) \$250,000 Yes No (c) \$1,000,000 Yes No
(b) \$500,000 Yes No (d) \$5,000,000 Yes No

Signature of Insured _____

Date: _____

