



Individual Protection Insurance

Applicant

1. Full Name:
- Primary Address:

Occupation

2.

Corporate affiliation(s)

3.

Financial information

4. Total revenue of covered persons:
- Total assets:

Insured Persons

- 5.
- | Name | Age | Country of Residence |
|------|-----|----------------------|
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Travel pattern

6. Specify the country and the approximate number of travel days to be spent within in those countries over the next 12 months:
- | Country | Approximate duration of stay | Number of individuals |
|---------|------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Security Risk Management

7. Have you implemented formal security measures? Yes No

Are you interested in preventative security consulting? Yes No

If yes to either of the above, please give details : (Continue on a separate sheet if necessary)

Previous threats or losses

8. Have you or any insured person had any claims and/or experienced threats or incidents that would give rise to a claim under this insurance within the last 5 years Yes No

If Yes, please give details: (Continue on a separate sheet if necessary)



Individual Protection Insurance

Previous insurance

9. Have you ever been declined kidnap and ransom insurance, or has any insurer ever cancelled or declined to renew your policy? Yes No

If Yes, please give full details: (Continue on a separate sheet if necessary)

Amount insured

10. Limit Options:

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Declaration

The undersigned duly authorized representative of the applicant declares to the best of his or her ability that the statements set forth herein are true.

NOTICE TO APPLICANTS: This application does not bind the Applicant or the Company, but it is agreed that this application will be the basis of the contract, should a policy be issued, and it will be attached to, and made part of the policy. The applicant undertakes to notify the Company immediately if the information supplied on this application changes between the date of this application and the time when the policy is issued.

FRAUD – GENERAL WARNING: Any person who knowingly submits an application for insurance or statement of claim containing any materially false, incomplete, or misleading information for the purpose of defrauding or attempting to defraud an insurance company or other person may be guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits.

Applicant's name

Position in company

Signature

Date