



## Kidnap & Ransom Application - Personal

Named of Applicant: \_\_\_\_\_

Primary Address: \_\_\_\_\_

\_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

AMOUNT INSURED:	
Limit Option #1:	
Limit Option #2:	
Limit Option #3:	

OCCUPATION:

CORPORATE AFFILIATION:

FINANCIAL INFORMATION:	
Total Revenue (of the Insured Person):	
Total Assets (of the Insured Person):	

INSURED PERSONS:		
NAME	AGE	COUNTRY OF RESIDENCE

TRAVEL PATTERN:		
Specify the country and the approximate number of travel days to be spent within those countries over the next 12 months. <i>(Continue on separate sheet if necessary.)</i>		
COUNTRY	APPROXIMATE DURATION OF STAY	NUMBER OF INDIVIDUALS

<b>SECURITY/RISK MANAGEMENT:</b>		
	YES	NO
1. Have you implemented formal security measures?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you interested in preventative security consulting?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, please provide details ( <i>Continue on a separate sheet if necessary</i> ):		

<b>PREVIOUS THREATS OR LOSSES:</b>		
	YES	NO
Have you or any insured person had any claims and/or experienced threats or incidents what would give rise to a claim under this insurance within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, please provide details ( <i>Continue on a separate sheet if necessary</i> ):		

<b>PREVIOUS INSURANCE:</b>		
	YES	NO
Have you ever been declined Kidnap & Ransom Insurance or has any insurer ever cancelled or declined to renew your policy?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above, please provide details ( <i>Continue on a separate sheet if necessary</i> ):		

The undersigned duly authorized representative of the applicant declares to the best of his or her abilities 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 any of the information supplied on this application changes between the date of this application and the time when the policy is issued.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicant's Name:** \_\_\_\_\_

**Position in Company:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>ALASKA</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>ARIZONA</b>	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>ARKANSAS</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>CALIFORNIA</b>	For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>COLORADO</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
<b>DISTRICT OF COLUMBIA</b>	<b>WARNING:</b> It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>HAWAII</b>	For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.
<b>IDAHO</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>INDIANA</b>	Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>LOUISIANA</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>MAINE</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.
<b>MINNESOTA</b>	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>NEW HAMPSHIRE</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
<b>NEW MEXICO</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>NEW YORK</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>OHIO</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>OKLAHOMA</b>	<b>WARNING –</b> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>OREGON</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or

	knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
<b>PENNSYLVANIA</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>TENNESSEE</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>VIRGINIA</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>WASHINGTON</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.