CATLIN

CORPORATE KIDNAP AND RANSOM / EXTORTION INSURANCE PROPOSAL

Instructions

1. Please complete this application. All questions applicable to each coverage applied for must be answered.
2. If space is insufficient to complete answers, please continue on your company's letterhead.
3. Have this form signed and dated by an owner, partner or director/officer of your company.

Proposer Details

1. Applicant and all subsidiary companies to be insured under this policy:

   _____ _____

   _____ _____

   _____ _____

   Applicant's mailing address:

   _____ _____

   _____ _____

   _____ _____

2. Limit of Liability requested:

   ……..... each Loss

   ..... each Policy Year

   ..... death benefit

   ..... aggregate death benefits each Policy Year

4. Description of applicant's business operations and products to be covered:

   _____ _____

   _____ _____

   _____ _____

5. Financial Information:

   Annual Sales $.....

   Total Assets $ .....

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6. Persons on whom insurance is desired; if numerous please provide a count by country:

	Name	Title	Resident Country
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

7. Extent of travel outside resident country by the persons in (6) above:

Country	Number of persons	Number of trips	Average duration of each trip	Total days in country for all persons
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Are any special security precautions taken to protect those persons in (6) or (7) above, who live in or travel to volatile countries, from a criminal or terrorist attack? _____ ❑Yes ❑No

If "yes", please give details _____

_____

_____

9. (a) Has the applicant has ever been declined this type of Insurance? _____ ❑Yes ❑No

If "yes", please give details _____

_____

_____

b) Has the applicant has ever had this type of insurance cancelled or issued with special conditions imposed? ❑Yes ❑No

If "yes", please give details _____

_____

_____

10. Has there has ever been an actual, attempted, or threatened kidnapping or extortion demand against the applicant's directors, officers, employees or their dependent? ❑Yes ❑No

If "yes", please give details _____

_____

_____

11. Does the applicant, its directors and officers or any other known person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy? _____ ❑Yes ❑No

If "yes", please give details _____

_____

_____

THE UNDERSIGNED AUTHORISED OFFICER OF THE APPLICANT REPRESENTS THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND RECOGNISES THAT THE INSURER IS RELYING ON THE ACCURACY THEREOF.
SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. FALSE STATEMENTS ON THE APPLICATION SHALL CONSITUTE SUFFICIENT GROUNDS TO VOID THE POLICY.

Signed

Title .....
(to be signed by Chairman/Chief Executive or equivalent)

Company .....

Date .....

Please enclose with this Proposal Form

Your current Annual Report & Accounts (or equivalent) for the Proposer.