

KIDNAP/RANSOM AND EXTORTION INSURANCE APPLICATION

I. GENERAL INFORMATION			
Name Of Insured (Applicant):			
Applicant's Predominant Activity:			
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Processor	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Distributor
<input type="checkbox"/> Retailer	<input type="checkbox"/> Servicer	<input type="checkbox"/> Construction	
<input type="checkbox"/> Other (specify):			
Please describe the products or services of Applicant's predominant activity:			
Applicant's Mailing Address:			
Street:			
City:	State:	Zip Code:	
Applicant's Web Site Address:			
Date Applicant Was Established:			
Applicant's Latest Fiscal Year-end Revenues:		\$	
Applicant's Latest Fiscal Year-end Net Profit/Loss:		\$	
Policy Period Requested:			
12:01 AM on:		to 12:01 AM on:	
List all entities to be covered as Joint Insureds:			
Check if none. <input type="checkbox"/>			
(If necessary, attach separate sheet.)			

II. COVERAGE REQUESTED

Complete the following for Insuring Agreements, Limits and Deductibles desired:

Insuring Agreements	Limit Of Insurance	Deductible Amount
1. Kidnap/Ransom And Extortion – Direct Loss	\$	\$
2. Kidnap/Ransom And Extortion – Expenses Incurred	\$	N/A
3. Detention Or Hijack	\$	N/A
4. In Transit Delivery Of Property	\$	\$
Insuring Agreements Added By Endorsement		
Products Recall Expenses	\$	N/A
Death And Dismemberment		
Maximum Benefit Each Insured Person	\$	N/A
Aggregate Limit For Any One Occurrence	\$	N/A
Business Income And Extra Expense		
Maximum Limit Of Insurance	\$	N/A
Daily Limit Of Insurance	\$	N/A
Time Deductible:	<input type="checkbox"/> 0 Hours <input type="checkbox"/> 4 Hours <input type="checkbox"/> 8 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 72 Hours	

III. EMPLOYEES AND PREMISES

Show the number of:

Number of

A. Employees consisting of:

1. Employees located in the United States of America (including its territories and possessions) and Puerto Rico:
 - a. Officers (whether or not compensated):
 - b. Full- and part-time (including seasonal) employees who handle, have custody or maintain records of money, securities or other property:
 - c. All other employees not included above:
2. Employees located in foreign countries:
 - a. Officers (whether or not compensated):
 - b. Full- and part-time (including seasonal) employees who handle, have custody or maintain records of money, securities or other property:
 - c. All other employees not included above:
3. **Total** (Items 1. and 2. above):

B. Premises (other than the head office):

1. Located in the United States of America (including its territories and possessions) and Puerto Rico:
2. Located in foreign countries:
3. **Total** (Items 1. and 2. above):

IV. UNDERWRITING

1. List countries to be excluded from coverage, if any:

2. List persons or classes of persons to be excluded from coverage, including the countries where such persons reside:

Name(s)

Country

3. List the anticipated foreign travel by country, frequency, duration and number of employees:

Country

Frequency

Duration

Number Of Employees

V. LOSS HISTORY

Has the Applicant, or other entity to be included as a Joint Insured, sustained any Kidnap- or Extortion-related losses during the past three years?

Yes ☐ No ☐

If "Yes", list below all losses (attach separate sheet, if necessary):

Date Of Loss:

Type Of Loss:

Amount Of Loss: \$

Amount Paid By Insurance: \$

Describe corrective action taken to prevent similar losses in the future:

Date Of Loss:

Type Of Loss:

Amount Of Loss: \$

Amount Paid By Insurance: \$

Describe corrective action taken to prevent similar losses in the future:

Date Of Loss:

Type Of Loss:

Amount Of Loss: \$

Amount Paid By Insurance: \$

Describe corrective action taken to prevent similar losses in the future:

FRAUD STATEMENTS

Applicable To All Jurisdictions Other Than Those Shown Below

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.

Alabama

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

California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

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.

District Of Columbia

WARNING: 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.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive an insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Hawaii

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.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine

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.

Maryland

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

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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.

New York

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.

Ohio

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.

Oklahoma

WARNING: 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.

Oregon

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.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A.** The misinformation is material to the content of the policy;
- B.** We relied upon the misinformation; and
- C.** The information was either:
 - 1.** Material to the risk assumed by us; or
 - 2.** Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee

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.

Vermont

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Virginia

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.

Washington

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.

Person Authorized To Complete This Application For The Insured (Applicant):

Name (Print):

Signature:

Title:

Date:

Producer Information:

Name (Print):

Signature:

Agency Name:

Agency Code:

License Number: