

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Kidnap and Ransom policy. Completion of this application form does not oblige either party to enter into a contract of insurance

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

How to complete this form

Whoever fills out the form must be a principal, director or partner of the applicant company and should make all the necessary inquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable all the questions to be answered. If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return it directly toyour insurance broker.

Section 1: Company Details

Please complete the following details:

| Insured Company: | |
|------------------------|----------|
| Address: | |
| | |
| | |
| Postal code: | |
| Year of establishment: | Website: |

Please describe below the nature of your business activities:

| 1.4 | Please state the number of employees: | | |
|-----|---|----|--|
| | b) Estimated revenue: | \$ | |
| | a) Estimated total assets: | \$ | |
| 1.3 | Please state the following in respect of the next financial year: | | |
| | | | |

Please state whether all employees will be covered by this policy: Yes No

If 'no', please provide details of who will be covered by this policy and, continue on the 'Additional Information' page if necessary:

1.6

Please state all the territories where employees to be covered by this policy are based:

Location

Total number of employees

are expatriates

Total number of employees who Total number of employees who are local nationals



2.2

Section 2: Business Travel

| 2.1 | Is any business trave | planned in the next 12 months? | Yes | No |
|-----|-----------------------|--------------------------------|-----|----|
|-----|-----------------------|--------------------------------|-----|----|

If 'yes', please fill out the table below. If 'no', please provide details in the table below of any business travel history for the previous 12 months. Please continue on the Additional Information page if necessary.

| Country | Average length of trip | Estimated no. of travellers | Estimated no. of trips |
|----------------------------------|--|--|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Do you have any special security | / measures in place for high risk terr | itories? Yes No | |
| | | ······································ | |

If 'yes', please provide details and continue on the 'Additional Information' page if necessary:

Section 3: Insurance Requirements

| 31 | Dlease provide details of | he cover vou require for k | (idnap and Ransom insurance: |
|-----|---------------------------|-----------------------------|------------------------------|
| 5.1 | Flease provide details of | the cover you require for r | Nullap and Kansonninsulance. |

| | Limit: | | Start date: |
|----|--|-----|-------------|
| .2 | Please indicate if you are interested in the following extension covers: | | |
| | a) Assault | Yes | No |
| | b) Child abduction | Yes | No |
| | c) Express kidnap | Yes | No |
| | d) Business interruption | Yes | No |
| | e) Threat | Yes | No |
| | f) Stalking threat | Yes | No |



Section 4: Claims Experience and Insurance History

AFTER FULL ENQUIRY:

a) have you ever been declined, had cancelled, or have been refused renewal for kidnap and ransom insurance, or

b) are you aware of any circumstances which may give rise to a claim under this policy, or

c) have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity, or

d) have any kidnap and ransom events occurred to any companies to be insured within the last 5 years?

With reference to questions a), b), c) and d) above:

Yes No

If the answer to the above is "yes" then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

Section 5: Declarations

- I declare that AFTER FULL ENQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

| Signed: | Full name: |
|----------------|------------|
| Position held: | Date: |



Additional Information

US