# CORPORATE KIDNAP, RANSOM & EXTORTION APPLICATION

**(Attach additional sheets when necessary)**

1. Name of Applicant: _____

2. Home Office Address: _____

   _____

3. Business or Type of Industry: _____

4. Financial information: Total Revenues $_____ (Attach latest annual report)

5. Employee census information: A. Total number of employees_____

   B. Total number of employees traveling outside the U.S.: _____

| Country | Number of Employees | Duration of Trip | Reason for Trip |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

   C. Total Number of Employees stationed/assigned outside the U.S.:_____

| Country | Number of Employees | Duration of Assignment | Citizenship (U.S. or Other) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

6. Describe any previous kidnap, extortion or detention incidents, attempts or threats:_____

   _____

7. Describe any security or prevention measures to protect those persons in question 5 above from an incident to which this coverage applies:_____

8. Limit of Insurance requested: _____

THE UNDERSIGNED AUTHORIZED OFFICER OF THE CORPORATION DECLARES TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE.

SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED OR US, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signed: _____ Title: _____ Date: _____

**Quaker Special Risk**
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