



INSURANCE INNOVATORS INCORPORATED

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International

**CORPORATE KIDNAP AND
EXTORTION APPLICATION**

(Attach additional sheets when necessary)

1. Customer

2. Home Office Address

3. Business or type of industry:

4. Financial information: (Attach latest annual report, if applicable) Total Worldwide Revenue \$

5. Employee census information:

Total number of Employees

City/Country

Number of Directors

Durations of Trip

Reason for Trip

Total Number of Employees Stations/assigned outside the U.S.

City/Country

Number of Employees

Duration of Assignment

Citizenship (US 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 is agreed that this form shall be the basis of the contract should a policy be issued.

Signed

Title

Date

Printed Name

Date
