



# CORPORATE APPLICATION

## I. General

Business Name: \_\_\_\_\_  
Number & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Annual Revenue US\$ \_\_\_\_\_ Value of Business Assets: \_\_\_\_\_  
Type of Business: \_\_\_\_\_

## II. Please provide the following number of employees in each category:

Total number of Directors:	_____	Number to be Insured:	_____
Total number of Officers:	_____	Number to be Insured:	_____
Total number of other Employees:	_____	Number to be Insured:	_____

## III. List ALL persons to be insured or attach a census:

Name: _____	Date of Birth: _____	City of Residence: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## IV. List details of non-USA exposure to employees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. Please indicate the coverage you are seeking:

(Please note that the maximum benefit cannot exceed business assets)

\$1,000,000    \$2,000,000    \$5,000,000    \$10,000,000    Other amount: \$ \_\_\_\_\_

## VI. Please answer the following pertaining to ALL proposed Insureds:

1. Has there ever been any prior kidnapping, extortion, or detention incident?  Yes  No
2. Has there ever been any threat or attempt at a kidnapping, extortion, or detention?  Yes  No
3. Are there any current threats or incidents regarding kidnapping, extortion, or detention?  Yes  No
4. Is there any existing coverage at this time, or within the past 12 months?  Yes  No
5. Are any of the proposed insureds likely kidnapping prospects because of business, outside interests, or other activities?  Yes  No

If yes to any of these, please provide details: \_\_\_\_\_  
\_\_\_\_\_

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete and that I have not knowingly withheld any information which may be material to Underwriters in their assessment and acceptance of the risk. Signing this form does not bind the Applicant nor the Underwriters to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy or certificate of insurance be issued.

Officer of Firm \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Print Name)

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