

SPECIAL COVERAGES FAMILY APPLICATION

1. Name of Insured

2. Mailing address

3. Occupation: _____

4. Net Worth \$ _____ **Income \$** _____

5. Family _____

6. List names & locations of all family members to be covered

Name	Address	Country	City

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

7. List details of anticipated foreign travel

Destination (City/Country)	Family Members	Frequency

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

8. Limits Required _____

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9. Details of prior kidnap or extortion threats or attempts

10. Details of Coverage currently carried

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT AND ALL INSURED, DECLARES TO THE BEST OF THEIR KNOWLEDGE THAT ALL THE STATEMENTS AND ANSWERS SET FORTH HEREIN ARE TRUE AND ACCURATE AND THAT NO INFORMATION HAS BEEN WITHHELD. THE UNDERSIGNED FURTHER AGREES, ON BEHALF OF THE APPLICANT AND ALL INSURED, THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE INSURED SHALL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ITS PROPOSAL AND/OR AGREEMENTS TO BIND THE INSURANCE.

Name & Title _____ **Date** _____

Signature _____

Broker Name & Address _____
