

SPECIAL COVERAGES APPLICATION

1. Name of Insured

2. Corporate mailing address

3. Nature of Business

4. Total Assets \$ _____ **Annual Revenues \$** _____

5. Officers _____ **Directors** _____ **Total Employees** _____

6. List locations of all resident employees and the number of employees at each

Country	City	Total # Of Employees	Country	City	Total # Of Employees

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

7. List details of anticipated foreign travel

Destination (City/Country)	Number of Employees	# of Trips / Duration

(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 _____
