

## Kidnap & Ransom Insurance Application - Individual

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|--|--|
| Proposed Insured Person  |  |
| Address  |  |
| Occupation   |  |
| Please provide names of individuals and city of residence of the additional person(s) to be insured.                 |  |
| Does the person(s) to be insured have existing coverage? <input type="checkbox"/> No                                 | <input type="checkbox"/> Yes. Please provide details:  |
| Have there been any kidnaps, attempted kidnaps or threatened kidnaps? <input type="checkbox"/> No                    | <input type="checkbox"/> Yes. Please provide details:  |
| Does the person(s) to be insured plan to travel outside the country of residence? <input type="checkbox"/> No        | <input type="checkbox"/> Yes. Please provide names, areas of travel, frequency and duration: |
| Proposed Insured Person's net assets:<br>Currency: <input type="checkbox"/> US \$<br><input type="checkbox"/> CDN \$ | Amount:  |
| Limits of Liability requested:<br>(Not to exceed your Total assets)  | OPTION 1   |
|  | OPTION 2   |
| Broker/Agent/Consultant  |  |
| Contact Name and Telephone No.   |  |

### DECLARATION

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete.

I understand that signing this application does not bind me to complete the insurance but, I do agree that, should a Document of Insurance be concluded, this Application, and the statements made herein, shall form the basis of the Insurance. Further, that SUTTON SPECIAL RISK INC. is hereby authorized as the sole representative for placement of this Insurance.

Signature of Proposed Insured Person

Print Name

Date