

KIDNAP/RANSOM & EXTORTION INSURANCE - PROPOSAL FORM

(Please fill in CAPITALS only)

GENERAL INFORMATION

Name of Insured: _____

Address of Insured's Principal Location: _____

Country	No. of Location	Sales of Revenue	Class I Employee	Other Employees	Type of Operation

(Continue on a separate sheet if necessary)

Class I Employees

For the purposes of premium computation Class I Employees include management positions (president, comptroller, sales managers etc.) and other employees who have access to money, securities and/or other property, (cashiers, book-keepers, shipping clerks, etc.)

FOREIGN EXPOSURE

A) Coverage may be extended to include protection for persons employed by the Insured in foreign countries on a regular basis or for domestic employees while traveling in foreign countries. Please complete the following if foreign coverage is desired.

Country in which Employed	Type of Operation	No. of Employees to be covered

B) Coverage may be extended to include buildings, equipment, raw material and finished goods abroad. Please complete the following if such coverage is desired.

Country in which Property is Located	Operation (Mfg., Sales, etc.)	Value of Property to be covered

LIMITS DESIRED

PROVIDE DETAILS OF ANY KIDNAP ATTEMPTS OR THREATS AGAINST YOUR STAFF, DIRECTORS OR THEIR IMMEDIATE FAMILIES (including date)

PREMIUM DETAILS

Amount Rs. Rupees _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Bank Account No. Bank Name _____

Branch Name & Address _____

DECLARATION

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of the Proposal Form does not bind the undersigned, on behalf of the Organisation, to effect Insurance the undersigned, on behalf of the Organisation, agrees that this form and the said statements shall be the basis of the Contract should a Policy be issued and will be incorporated in the Policy. Any person who, knowingly and with intent to defraud any insurance company of other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

A policy cannot be issued unless the proposal is duly completed, signed, dated and stamped.

Signed _____

Date _____

(Name and title of person completing this form for Insured)