



## KIDNAP/RANSOM & EXTORTION INSURANCE - PROPOSAL FORM

(Please fill in CAPITALS only)

### GENERAL INFORMATION

Name of Insured: \_\_\_\_\_

Address of Insured's Principal Location: \_\_\_\_\_

Territory	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

Name of the Bank Account Holder

Bank Account No.  Account: Savings  Current

Name of Bank  Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish:  Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.\*

\*As per the IRDA, its mandatory that all payments made to the insured only through electronic mode.

### 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.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

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)