

## Disclaimer



Insurance can be effective only after the underwriting department receives and reviews your application. The earliest effective date will be the next day after the review.

Underwriting department is open from Monday through Friday, 7 AM to 4 PM, Pacific Time, excluding holidays.

### **By submitting this paper application, you acknowledge and agree that:**

- Back dated applications are not possible.
- Requested effective date is not always guaranteed.
- It does not matter when you send the application by postal mail, fax or scanned copy in email.
- It does not matter when the postal mail, fax or email was received by us, as the underwriting department can consider the effective date only according to when they review the application.
- If there is any dispute between you and the underwriting department about when the effective date should be, the decision of the underwriting department will be final.
- You hold Insubuy and the writing agent (if any) harmless and relieve us from any liability because of this.

If the above terms are not acceptable to you, please do not submit the application.

If you need to purchase the insurance urgently with a specific effective date, please call our office at +1 (866) INSUBUY or the writing agent to confirm, before sending the application.



# CORPORATE APPLICATION

## I. General

Business Name: \_\_\_\_\_  
 Number & Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Annual Revenue US\$ \_\_\_\_\_ Value of Business Assets: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_

## II. Please provide the following number of employees in each category:

|                                  |       |                       |       |
|----------------------------------|-------|-----------------------|-------|
| Total number of Directors:       | _____ | Number to be Insured: | _____ |
| Total number of Officers:        | _____ | Number to be Insured: | _____ |
| Total number of other Employees: | _____ | Number to be Insured: | _____ |

## III. List ALL persons to be insured or attach a census:

|             |                      |                          |
|-------------|----------------------|--------------------------|
| Name: _____ | Date of Birth: _____ | City of Residence: _____ |
| _____       | _____                | _____                    |
| _____       | _____                | _____                    |
| _____       | _____                | _____                    |

## IV. List details of non-USA exposure to employees:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## V. Please indicate the coverage you are seeking:

(Please note that the maximum benefit cannot exceed business assets)

\$1,000,000    \$2,000,000    \$5,000,000    \$10,000,000    Other amount: \$ \_\_\_\_\_

## VI. Please answer the following pertaining to ALL proposed Insureds:

- |  |  |
|--|--|
| 1. Has there ever been any prior kidnapping, extortion, or detention incident?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has there ever been any threat or attempt at a kidnapping, extortion, or detention?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are there any current threats or incidents regarding kidnapping, extortion, or detention?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is there any existing coverage at this time, or within the past 12 months?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are any of the proposed insureds likely kidnapping prospects because of business, outside interests, or other activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes to any of these, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete and that I have not knowingly withheld any information which may be material to Underwriters in their assessment and acceptance of the risk. Signing this form does not bind the Applicant nor the Underwriters to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy or certificate of insurance be issued.

Officer of Firm \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Print Name)

Producer #: \_\_\_\_\_