



Corporate Kidnap and Ransom / Extortion Insurance Proposal Form

Instructions

1. Please complete this application. All questions applicable to each coverage applied for must be answered.
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. Have this form signed and dated by an owner, partner or director/officer of your firm.

Proposer Details

Part A – General Information

1. (a) Applicant and all subsidiary companies to be insured under this policy:

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- (b) Applicant's mailing address:

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2. (a) Total Number of Employees

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- (b) Geographical distribution

<u>Country</u>	<u>No. of Employees</u>

3. Limit of Indemnity requested:

- (a) US\$.....each Loss
- (b) US\$.....each Policy Year
- (c) US\$.....death benefit
- (d) US\$.....aggregate death benefits each Policy Year

4. Type of Coverage:

All employees (Blanket Based) Named Based Coverage

5. Description of Applicants business operations and products to be covered:

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6. Financial Information:

- (a) Annual Sales US\$.....
- (b) Total Assets US\$.....

7. Persons on whom insurance is desired; if numerous please provide a count by country:

<u>Name</u>	<u>Title</u>	<u>Resident Country</u>

8. Extent of travel outside resident country by the persons in (7) above:

<u>Country</u>	<u>Number of persons</u>	<u>Number of trips</u>	<u>Average duration of each trip</u>	<u>Total Days in Country for all persons</u>

9. Are there any residents or travel to the following countries:
Afghanistan; Haiti; Iraq; Mexico; Nigeria; Pakistan; Somalia; Venezuela; Yemen

Yes No

If yes, please give details and fill in the questionnaire in Part B - Safety measures in volatile countries)

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10. Are any special security precautions taken to protect those persons in (7) and (8) above, who live in or travel to other countries? Yes No

If yes, please give details:

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11. (a) If the applicant has ever been declined this type of insurance, give full particulars:

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(b) If the applicant has ever had this type of insurance cancelled or issued with special conditions imposed, give full particulars:

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12. If there has even been an actual, attempted or threatened kidnapping or extortion demand against the applicant's directors, officers, employees or their dependents, give full particulars:

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13. Does the applicant, its directors and officers or any other known person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy? Yes No

If yes, please give details:

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Part B – Safety Measures in Volatile Countries

1. Are the insureds (and any personnel under the insured’s care and custody) stationed on the premises provided in the countries listed below for a period exceeding **14 days** in a trip and/or in total?

Afghanistan; Haiti; Iraq; Mexico; Nigeria; Pakistan; Somalia; Venezuela; Yemen; Philippines

Yes - Continue answering the questions below

No - Please skip this part of questionnaire

- a) Is there a perimeter fence around the premises (at least 2.5m high?) Yes No
- b) Are there CCTV /surveillance cameras monitored 24/7 on the premises? Yes No
- c) Is physical access to the premises locked and gated? Yes No
- d) (i) Are there guards patrolling 24hrs on premises? Yes No
(ii) If yes, are the guards armed? Yes No
- e) Does a guard escort accompany employees and personnel travelling outside of the premises to work and to other activities? (e.g. – supermarket, doctors, social events etc) Yes No
- f) Are there security check points outside of the premises? Yes No
- g) Are locks electronically controlled? Yes No
- h) (i) Are there intruder alarms attached to panic buttons on the premises? Yes No
(ii) If yes, does the intruder /panic alarm buttons trigger a response unit? Yes No
(iii) Is the response unit be private or Government Private Gov.
- i) Do you provide any security awareness training to employees and all relevant personnel? Yes No
- j) Do you allow expatriate and/or local national staff to leave the secure premises (domestic or work) on their own? Yes No
- k) Do you operate a curfew for your employees? Yes No
- l) How is staff checked in / out of premises?

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- 2. Note: For any question that is answered "No" please use the following space to detail why. (Please be as specific as possible and use examples where necessary)

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THE UNDERSIGNED AUTHORISED OFFICER OF THE APPLICANT REPRESENTS THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND RECOGNISE THAT THE INSURER IS RELYING ON THE ACCURACY THEREOF.

SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLUETE THE INSURANCE, BUY IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

FALSE STATEMENTS ON THE APPLICATION SHALL CONSTITUTE SUFFICIENT GROUNDS TO VOID THE POLICY.

Name:

Title:
(to be signed by Chairman / Chief Executive or equivalent)

Signature:

Company:

Date:

Please enclose with this Proposal Form

Your current Annual Report & Accounts (or equivalent) for the Proposer.

AIG Insurance Hong Kong Limited

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