



Surety One

KIDNAP & RANSOM COVERAGE APPLICATION

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The term **Applicant** means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

- Applicant** Information:
 - Name of **Applicant**: _____
 - Street Address: _____
 - City, State, ZIP Code: _____
 - Website Address: _____
 - Expiring Policy Number: _____
 - Year **Applicant's** business was established: _____
 - Description of **Applicant's** operations: _____
- Applicant's** Standard Industrial Classification (SIC) code, if known (4-digit number): _____
- Is the **Applicant** a subsidiary of a foreign parent? Yes No
- Does the **Applicant** currently file, or does it anticipate filing in the next 6 months, any documents with the Securities and Exchange Commission or similar foreign authority regarding any equity or debt securities? Yes No

II. ORGANIZATION INFORMATION

- Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? Yes No
If Yes, please attach an explanation.
- Does the **Applicant** own or operate, or know of any persons for whom it seeks coverage under this insurance that will work or travel on any ships, vessels, tugs, barges or rigs? Yes No
- Has the **Applicant** materially changed its operations (e.g., new products and services) in the past 12 months? Yes No
If Yes, please attach an explanation.
- Has the **Applicant** materially changed its safety procedures as respects employee travel outside the United States in the past 12 months? Yes No
If Yes, please attach an explanation.

III. FINANCIAL INFORMATION

1. Complete the following chart providing the requested financial information:

Indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>(Please indicate negative figures with "()" or "-" as appropriate)</i>	Most Recent FYE (Month/Year) (____ / ____)	Prior FYE (Month/Year) (____ / ____)
Total Assets	\$ _____	\$ _____
Revenues	\$ _____	\$ _____

IV. FOREIGN EXPOSURE

*Please complete the following questions regarding foreign locations and travel.

1. Do Directors, Officers or other employees of the **Applicant** take trips outside the United States and Canada?

Yes No

If Yes, please provide travel information for the previous 12 months and estimates of the upcoming 12 months:

City and Country of Destination	Number of Trips	Number of Individuals	Average Length of Trips

To enter more information, please attach a separate page to the Application.

2. Are there any permanent foreign locations of the **Applicant** (outside the United States and Canada)? Yes No

If Yes, please provide both the existing and anticipated foreign locations.

City and Country	Number of Locations	Type of Operation (i.e. Sales, Manufacturing)	Number of Employees

To enter more information, please attach a separate page to the Application.

3. Are steps taken to ensure an Insured Person's safety when traveling outside the United States? *If Yes, please attach an explanation.*

Yes No

4. Are steps taken to ensure the safety of Insured Persons and Premises permanently located outside of the United States? *If Yes, please attach an explanation.*

Yes No

V. REQUESTED INSURANCE TERMS

1. Please complete the following table:

Effective Date	Requested Limit	Requested Retention
	\$	\$

VI. INCIDENT/LOSS INFORMATION

1. Has the **Applicant** or any person proposed for this insurance been involved in a kidnapping, detention, hijacking, or extortion for ransom incident during the past 3 years?

Yes No

If Yes, please complete the table below:

Date of Incident	Amount of Loss	Description of Incident	Corrective Procedures Implemented
	\$		
	\$		

VII. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED SURETY NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY SURETY. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature* of **Applicant's** Authorized Representative

Name (Printed)

Title

Date

***IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO SURETY, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE