TRAVELERS

Kidnap and Ransom Coverage Application

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

I. GENERAL INFORMATION

1. **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: _____

2. **Applicant's** Standard Industrial Classification (SIC) code, if known (4-digit number): _____

3. Is the **Applicant** a subsidiary of a foreign parent? Yes ☐ No ☐

4. 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

1. 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.

2. 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 ☐

3. 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.

4. 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): *(Please indicate negative figures with "( )" or "-" as appropriate)*	**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:

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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. COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

VIII. FRAUD WARNINGS

Attention: Insureds in Arkansas, D.C., Louisiana, Maryland, New Mexico, and Rhode Island
Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Attention: Insureds in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Attention: Insureds in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

Attention: Insureds in Maine, Tennessee, Virginia, and Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Attention: Insureds in Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

IX. 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 TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. 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

X. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):

Producer Signature

Producer Name (Printed)

Agency Name

Agency Code

License Number

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