KIDNAP & RANSOM
PRIVATE INDIVIDUAL INSURANCE
APPLICATION FORM

XL Group
Insurance

NAVIGATOR
Insurance Brokers Ltd.
Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com

1. Applicant

Full name:

Primary address:

2. Occupation:

3. Corporate affiliation:

4. Financial information

a. Total annual income of insured persons:

b. Total assets of insured persons:

5. Please advise details on each person to be insured:

Name	Age	Country of residence

6. Travel pattern

Please advise the estimated number of travel days in each country over the next 12 months:

Country	Number of trips	Average duration of trips	Total number of days in country for all persons

7. Does the applicant have any formal security measures in place? ☐ Yes ☐ No

If Yes, please provide details (continue on a separate sheet if necessary)

8. **Is the applicant aware of any reason why they (or any of the persons named in question 5) could be at increased risk of being targeted for kidnap or extortion?**

☐ Yes ☐ No

If Yes, please provide details (continue on a separate sheet if necessary)

9. **Has the applicant (or any of the persons named in question 5) experienced any threats or incidents that would give rise to a claim under this insurance within the last 5 years?**

☐ Yes ☐ No

If Yes, please provide details (continue on a separate sheet if necessary)

10. **Has the applicant (or any of the persons named in question 5) ever been declined insurance of this type or ever had insurance of this type cancelled or renewal declined?**

☐ Yes ☐ No

If Yes, please provide details (continue on a separate sheet if necessary)

11. **Does the applicant have any other insurance of this type?** ☐ Yes ☐ No

If Yes, please provide details (continue on a separate sheet if necessary)

12. **What currency and limits of liability options are required?** Currency:

Limit options:

Declaration

Signing this form does not conclude a contract of insurance or oblige insurers to issue a policy. I declare that to the best of my knowledge and belief the information given is accurate and that no material information has been withheld. I agree that if the information given was provided to you by any person other than myself, that person shall be deemed to have been my agent for the purpose of providing that information.

Applicant's name:

Signature:

Date: