



Family Kidnap and Ransom / Extortion Insurance Proposal Form

Instructions

1. Please complete this application. All questions applicable to each coverage applier for must be answered.
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. Please remember to sign and date this form.

Proposer Details

1. (a) Applicant to be insured under this Policy

(b) Applicant's mailing address:

2. Limit of Liability requested:

(a) US\$.....each Loss

(b) US\$.....Each Policy Year aggregate

3. Description of Applicants business operations:

4. Personal Information

(a) Net worth of Applicant US\$.....

(b) Annual income of Applicant US\$.....

5. Persons designated by the Applicant to be covered under this policy:

<u>Name</u>	<u>Age</u>	<u>Nationality</u>	<u>Relationship To Applicant</u>	<u>Country of Residence</u>	<u>Occupation</u>

6. Extent of travel outside resident country by the persons in (5) above:

<u>Name</u>	<u>Destination</u>	<u>Frequency of Travel</u>	<u>Duration of Travel</u>

7. 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:

8. Does any person(s) listed in (5) have a personal net worth in excess of US\$1,000,000? If so, please list names and amounts:

9. (a) Does the Applicant or any person(s) listed in (5) above have a high profile due to social, political or occupational activities? If so, please describe:

(b) Does the Applicant or any person(s) listed in (5) above take any special security precautions to protect themselves? If so, please describe:

10. (a) Has the applicant or any person(s) Listed in (5) above ever been declined this type of insurance? If so, please five full details:

(b) Has the Applicant or any person(s) listed in (5) above ever had this type of insurance cancelled or issued with special conditions? If so, please five full details.

11. Has there ever been an actual, attempted or threatened kidnapping or extortion against the Applicant or any person(s) listed:

12. Does the Applicant or any person (s) listed in (5) above have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy? If so, please describe:

THE UNDERSIGNED DEFLARES AND WARRANTS THAT TO THE BEST FO HIS KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE, CORRECT AND COMPLETE.

NOTICE TO APPLICANTS:

This application does not bind the Applicant or the Insurer, but it is agreed that this application will be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy.

The Applicant represents that if the information supplied on this application changes between the date of this application and the inception date of this Policy, the Applicant will immediately notify the insurer of such changes.

SIGNAURE OF APPLICANT
NAME
DATE

AIG Insurance Hong Kong Limited

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Island East, Hong Kong

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