

## RANSOM 8 EXTORTION NDIVIDUAL APPLICATION FORM

## **HOW TO APPLY**

Specialty insurance products are provided through certain underwriters at Lloyds of London. Receiving a quote from London will normally take us up to 5 business days, but may vary. The more detailed information you are able to provide, the quicker and more favourable the process will be.

Please fill out the applicable form(s) and return to us by email at helpline@ingleinternational.com or by fax at +1 416.730.1878. If you require additional space to provide further details, please feel free to use a separate sheet.

If you have any questions prior to submitting an application, please contact us at helpline@ingleinternational.com.





# RANSOM 8 EXTORTION NDIVIDUAL APPLICATION FORM

A. COMPANYINFORMATION		
Name	Address Street	
	City	State/Province
Occupation		
Occupation	Country	Zip/Postal Code
		Lipir colai codo
Phone Newhor		
Phone Number	Total Consolidated Assets	
	\$	
Email	Net Worth	
	\$	
B. REQUESTED COVERAGE		
Effective Date Expiry Date	Limit of Liability	
MMDDYYYY MMDDYYYY	\$	
C. OTHER PERSONS TO BE INSURED	Say DOB Roll	otionahin
	Sex DOB Rel	ationship
	Sex DOB Rel	ationship
	MMDDYYYY	ationship
		ationship
	MMDDYYYY	ationship
Name Occupation		ationship
C. OTHER PERSONS TO BE INSURED  Name Occupation  Do all of the people above live at the same address? If no, please specify com		ationship
Name Occupation		ationship
Name Occupation		ationship
Name Occupation		ationship



D. FOREIGN TRAVEL AND SECURITY	F. ADDITIONAL DETAILS OR II
Please provide detailed information on where covered individuals will live, work or travel during this period, including frequency of travel and lengths of visits in any high-risk country or region.	Please provide any other details or in insurability for the product(s) you hav management strategies or security an
Please provide details of the security surrounding those to be insured.	
E. EXISTING THREATS AND COVERAGE	G. DECLARATION  To the best of my/our knowledge and in connection with the proposal, whet true and I/we have not withheld any r
Please provide details of any kidnappings, attempts or threats against any person to be insured.	that non-disclosure or misrepresental Underwriters to void the insurance. (I influence acceptance or assessment If you are in any doubt as to whether disclose it.)
	I/We understand that Underwriters we ditions upon the information provided and I/we further understand that the shind me/us to complete or Underwrite
Please provide details of any existing coverage in place on any of the persons to be insured.	
	Signature of proposer
	Date MMDDYYYY
Are any of the persons to be insured particularly exposed to a kidnap- ping risk due to pursuits, business, social or political activities, or for any other reason?	
ı	

### NEORMATION

F. ADDITIONAL DETAILS OR INFORMATION
Please provide any other details or information which may affect your insurability for the product(s) you have requested, including any risk management strategies or security arrangements.
G. DECLARATION
To the best of my/our knowledge and belief, the information provided in connection with the proposal, whether in my/our hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (NB. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it.)  I/We understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal
and I/we further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept this insurance.
Signature of proposer
Date
M M D D Y Y Y