



Questionnaire for Kidnap Ransom Extortion Coverage (Corporate)

NAME OF COMPANY (AS IT WOULD APPEAR ON THE POLICY):		
CORPORATE MAILING ADDRESS:		
DESCRIPTION OF BUSINESS OPERATIONS:		
NAME OF COMPANY CONTACT:		TITLE:
ADDRESS:		TELEPHONE:
SUBSIDIARIES/AFFILIATES TO BE INCLUDED FOR COVERAGE:		
LOCATIONS OF OTHER OFFICES, OPERATION OR PLANTS:		
NO. OF YEARS IN BUSINESS:	TOTAL REVENUES: CAD/USD	TOTAL ASSETS: CAD/USD
NO. OF DIRECTORS:	NO. OF OFFICERS:	NO. OF EMPLOYEES:
REQUESTED LIMIT(S) OF LIABILITY (NOT TO EXCEED TOTAL ASSETS OR REVENUES) – CAD/USD:		
OPTION A:	OPTION B:	OPTION C:
DOES COMPANY HAVE ANY EXISTING OR EXCESS COVERAGE? <input type="radio"/> YES <input type="radio"/> NO		
IF "YES", PLEASE PROVIDE DETAILS:		
HAVE THERE BEEN ANY KIDNAPS, EXTORTIONS, DETENTION OR HIJACKING (ACTUAL, ATTEMPTED OR THREATENED)? <input type="radio"/> YES <input type="radio"/> NO		
IF "YES", PLEASE PROVIDE DETAILS:		

PLEASE PROVIDE BELOW FULL DETAILS OF ALL FOREIGN RESIDENCY AND TRAVEL EXPOSURE. PROVIDE NAMES OR NO. OF EMPLOYEES; AREA(S) OF TRAVEL; FREQUENCY OF TRAVEL AND AVERAGE LENGTH OF STAY (IF NECESSARY, PLEASE ATTACH SEPARATE PAGE):

DECLARATION

I hereby warrant that all information stated in this Questionnaire is to the best of my knowledge and belief, true and correct.

I understand that this Questionnaire is for the purpose of obtaining a quotation and does not bind the Company to complete the insurance. However, if a Policy is later issued, this Questionnaire and the statements made herein, shall form the basis of the insurance.

By completing the Questionnaire, the Company is hereby applying for coverage with Burns & Wilcox Canada.

SIGNATURE OF AUTHORIZED COMPANY OFFICER

DATE: (DD/MM/YYYY)

PRINT NAME AND TITLE OF AUTHORIZED OFFICER

SUBMITTED BY: AGENCY/BROKERAGE

SIGNATURE OF AGENT/BROKER

PRINT NAME

DATE: (DD/MM/YYYY)

FOR PURPOSES OF THE *INSURANCE COMPANIES ACT* (CANADA), THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.