



# Questionnaire for Kidnap Ransom Extortion Coverage (Individual)

NAME OF PROPOSED COVERED PERSON:		
MAILING ADDRESS:		
OCCUPATION:		
NAME(S) AND CITY OF PRIMARY RESIDENCE OF THE PERSON(S) TO BE INSURED. PROVIDE DETAILS:		
DOES THE PERSON(S) TO BE INSURED HAVE EXISTING COVERAGE? <input type="radio"/> YES <input type="radio"/> NO		
IF "YES", PLEASE PROVIDE DETAILS:		
DOES THE PERSON(S) TO BE INSURED PLAN TO TRAVEL OUTSIDE OF COUNTRY OF RESIDENCE? <input type="radio"/> YES <input type="radio"/> NO		
IF "YES", PLEASE PROVIDE NAMES, AREAS OF TRAVEL, FREQUENCY AND DURATION:		
PROPOSED COVERED PERSON'S NET ASSETS: CAD/USD		
REQUESTED LIMIT(S) OF LIABILITY – CAD/USD:		
OPTION A:	OPTION B:	OPTION C:
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:		

**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.

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SIGNATURE OF PROPOSED COVERED PERSON

DATE: (DD/MM/YYYY)

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PRINT NAME OF PROPOSED COVERED PERSON

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SUBMITTED BY: AGENCY/BROKERAGE

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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.