



PROPOSAL FORM

KIDNAP & RANSOM/EXTORTION INSURANCE

SECTION A: Personal /Corporate Data

(Individual Applicant)

Surname: _____ Other Name: _____ PIN No: _____

Place of Work: _____ Occupation: _____

Date of Birth: (dd) _____ / (mm) _____ (yy) _____ ID/Passport No: _____

(Corporate Applicant)

Business name: _____ PIN No: _____

Nature of Business: _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address: _____ Postal Code: _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No: _____ Mobile Phone: _____

Email Address: _____

SECTION B: Technical Details

1. a) Applicant and all subsidiary companies to be insured under this policy:

b) Applicant's mailing address:

2. Limit of Liability:

- each Loss
- each Policy Year aggregate
- death benefit
- aggregate death benefits each Policy Year

3. Deductible requested:

each loss _____

4. Description of Applicant's business operations: _____

5. Financial Information:

a) Annual Sales: (Please attach latest annual report) _____

b) Total Assets: _____

SECTION C: Payment Details

Payment Type (Please Tick)

- Cash: (Please pay directly to the Insurance Company)
- Cheque: Cheque No Bank:
- Premium Finance: (State the financing company)

IMPORTANT NOTICE

PAYMENT OF PREMIUM DIRECT TO THE INSURANCE COMPANY

- Please note that all premium cheques must be written in favour of THE INSURANCE COMPANY. CASH must be paid direct to the Insurance Company and appropriate receipt obtained.
- Insurance cover will commence only after payment has been received by the Insurance Company. If any cheques are dishonoured cover will be deemed to have been inoperative with effect from inception

SECTION D: Requirements

Please attach the following which form part of this proposal. Without these documents, we shall not be in a position to process the Proposal.

- i) Audited Financial Report / Statement ii)
ii)

SECTION E: Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed at this day of 20

For and on behalf of:

Name:

Signature: Date:

(If Corporate): Designation of contact person:

Company Stamp:

SECTION F: Official use only

Period of Insurance: From: / / 20 Policy No:
To: / / 20 (both dates inclusive)

First Premium: Stamp Duty Total

Name of Producer:

Proposal Status: (Note – check if all requirements are attached)

- Approved
- Deferred: Reason:
- Rejected: Reason:

Underwriter's Name & Signature: Date: