

ACE USA INTERNATIONAL ADVANTAGE®
CORPORATE KIDNAP AND EXTORTION APPLICATION
(Attach additional sheets when necessary)

1. Name of applicant: _____
2. Home office address: _____

3. Business or type of industry: _____
4. Financial information: (Attach latest Annual Report, if applicable) _____
5. Total Revenue: \$ _____
6. Employee census information: Total number of employees: _____

<u>Country</u>	<u>Number of Directors</u>	<u>Number of Officers</u>	<u>Number of Employees</u>	<u>Total Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Details of anticipated business travel outside resident country: _____

8. Describe any previous kidnap, extortion or detention incidents, attempts or threats: _____

9. Describe any security or prevention measures taken to protect those persons in Question 8 above from an incident to which this coverage applies: _____

10. Limit of Insurance requested: _____
11. Do you or any or your Directors or Officers have knowledge or information of any fact or circumstance which may give rise to a claim under the proposed policy? _____

THE UNDERSIGNED AUTHORIZED OFFICER OF THE CORPORATION DECLARES TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE.

SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED OR US, BUT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED: _____
DATED: _____
TITLE: _____