



**INSURANCE INNOVATORS INCORPORATED**

130 S. Easton Rd., Glenside, PA 19038 800-523-6422; 215-885-7300; 215-886-2482 fax  
484 Schooleys Mountain Road, Suite 2, Hackettstown, NJ 07840 888-975-4637; 732-752-3388; 732-752-5677 fax  
10430 Shaker Drive, Suite 200, Columbia, MD 21046 800-392-3771; 410-337-9295; 410-730-2156 fax

[www.iiigroup.com](http://www.iiigroup.com)

International

**CORPORATE KIDNAP AND  
EXTORTION APPLICATION**

(Attach additional sheets when necessary)

1. Customer

2. Home Office Address

3. Business or type of industry:

4. Financial information: (Attach latest annual report, if applicable) Total Worldwide Revenue \$

5. Employee census information:

Total number of Employees

City/Country

Number of Directors

Durations of Trip

Reason for Trip

Total Number of Employees Stations/assigned outside the U.S.

City/Country

Number of Employees

Duration of Assignment

Citizenship (US or other)

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

**7. Describe any security or prevention measures to protect those persons in Question 5 above from an incident to which this coverage applies?**

---

---

---

**8. Limit of insurance requested:**

---

---

---

**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**

**Title**

**Date**

---

**Printed Name**

**Date**

---