

1. Name of Insured

International Travel/Medical Insurance

3195 Linwood Rd. Suite 201 Cincinnati, Ohio 45208 800-423-8496 F 513-533-1504

www.globalunderwriters.com

Group/Corporate Kidnap, Ransom & Extortion Insurance Application

. Corporate mailing a	address					
. Nature of Business _						
1. Total Assets \$			Annual Revenues \$			
i. Officers Directors			Total Employees			
. List locations of all re	esident employees	TOTAL # OF	nployees at each COUNTRY	CITY	TOTAL # OF	
		EMPLOYEES			EMPLOYEES	
PLEASE ATTACH SEP	ARATE PAGE IF I	NECESSARY)				
. List details of anticip	ated foreign trave	I				
Country		Number of Employees		Frequency		

8. Limits Required
9. Details of prior kidnap or extortion threats or attempts
10. Details of Coverage currently carried
THE UNDERSIGNED, ON BEHALF OF THE APPLICANT AND ALL INSUREDS, DECLARES TO THE BEST OF THEIR KNOWLEDGE THAT ALL THE STATEMENTS AND ANSWERS SET FORTH HEREIN ARE TRUE AND ACCURATE AND THAT NO INFORMATION HAS BEEN WITHHELD. THE UNDERSIGNED FURTHER AGREES, ON BEHALF OF THE APPLICANT AND ALL INSUREDS, THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE INSURED SHALL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ITS PROPOSAL AND/OR AGREEMENTS TO BIND THE INSURANCE.
Name & Title Date
Signature
Broker Name & Address