



CRISIS COVERAGE INSURANCE APPLICATION

1. Name of Applicant: _____

2. Address of Applicant: _____
(complete *courier* address, please)

Phones _____ Office _____ Home _____
/ _____ per event / aggregate

3. Limit of Liability requested: € _____
/ _____

4a. Applicant's **Business Activity** and **Occupation**: _____

4b. Business Name: _____ 4c. Gross Annual Sales: € _____

5. Range of Combined **Net Worth** (applicant + persons listed in item 6 below):

- | | | | |
|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> € 1,000,000 | <input type="checkbox"/> € 3,000,000 | <input type="checkbox"/> € 20,000,001 | <input type="checkbox"/> € 30,000,000 |
| <input type="checkbox"/> € 3,000,001 | <input type="checkbox"/> € 6,000,000 | <input type="checkbox"/> € 30,000,001 | <input type="checkbox"/> € 50,000,000 |
| <input type="checkbox"/> € 6,000,001 | <input type="checkbox"/> € 10,000,000 | <input type="checkbox"/> € 50,000,001 | <input type="checkbox"/> € 100,000,000 |
| <input type="checkbox"/> € 10,000,001 | <input type="checkbox"/> € 15,000,000 | <input type="checkbox"/> € 100,000,001 | <input type="checkbox"/> € 300,000,000 |
| <input type="checkbox"/> € 15,000,001 | <input type="checkbox"/> € 20,000,000 | <input type="checkbox"/> € 300,000,001 | + Please specify amount: € _____ |

6. Persons to be insured under this policy (list on separate page, if necessary):

| <u>Name</u> | <u>Age</u> | <u>Relation to Applicant*</u> | <u>City + Country of Residence</u> | <u>Occupation</u> |
|-------------|------------|-------------------------------|------------------------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

* Limited to **spouse**, **child** (includes legally adopted or stepchild), **parent** (includes stepparent), **brother**, **sister** (includes stepbrother or stepsister), **grandchild**, **niece**, **nephew**, **son-in-law**, **daughter-in-law**, **mother-in-law**, **brother-in-law** or **sister-in-law** of the Applicant; and, in case of corporate applicant, **working co-proprietors** and **executives** on the Applicant's payroll.

7. Does the Applicant or any of the persons listed in item 6 travel to any of the following places:

(If none, please be sure to mark the appropriate box. *Border* means within 50 miles/80 kilometers of a national boundary)

- Mexico South America Central America Iraq
 Somalia Middle East Afghanistan Africa None of the above

Please list the extent of travel outside and inside the country:

| Name | Destination | Frequency | Duration |
|------|-------------|-----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Does any person listed in item 6 have a personal net worth in excess of € 1,000,000? Yes No
 If so, please indicate **Name** and **Amount**: _____

9. Is the Applicant or any of the persons listed in item 6 **involved in government service including the military, and/or significant political activities (past or present)?** Yes No
 If so, please indicate **Name** and Activity: _____

10. Has the Applicant or any person listed in item 6 ever been **denied this type of insurance?** Yes No

11. Has the Applicant or any person listed in item 6 **ever suffered an actual or attempted Kidnap, Extortion or Wrongful Detention?** Yes No

12. Does the Applicant or any person listed in item 6 have knowledge or information of any specific **fact which may reasonably give rise to a claim** under the proposed policy? Yes No

13. Identify the **methods of security used** by the Applicant and persons listed in item 6, check all that apply:

- Home Security Personnel Office Security Personnel Defensive Driver Training
 Kidnap Evasion Training Armored Vehicles How many? ____ _____
 Drivers How many? ____ Body Guards How many? ____ (other)
 Professionally Trained Professionally Trained None Apply
 Armed Armed

14. Please specify if you currently have an insurance of this type (Yes/No) ____ In case you do, provide the following information: insurance company, coverage, premium amount and expiration date:

NOTICE TO APPLICANTS:

In granting coverage to any insured, the Company has relied upon the declarations and statements in this application for coverage. All such declarations and statements are the basis of coverage and will be considered incorporated in and constituting part of the policy should it be issued. The undersigned authorized representative hereby declares on behalf of all insureds, after inquiry, that all statements and particulars contained in this application, all supplements, written statements, and other materials furnished to the Company in conjunction with this submission are true and no material facts have been misstated or suppressed. The undersigned authorized representative hereby further declares that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the undersigned will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Company of such change(s) and the Company may withdraw or modify any outstanding quotations and authorization or agreement to bind the insurance. Signing of this application does not bind the Company or the insured to complete the insurance, by it is agreed that this application will be the basis of the contract should a policy be issued and it will become part of the policy as if physically attached. All supplements, and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made part hereof.

IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

Signature of Applicant: _____ **Date:** _____