

<Travelers Casualty and Surety Company of America>  
One Tower Square  
Hartford, Connecticut 06183  
(A Stock Insurance Company, herein called the Company)

<PENNSYLVANIA REQUIRED NOTICE: THIS IS A NONPARTICIPATING POLICY, MEANING IT DOES NOT PAY DIVIDENDS TO POLICYHOLDERS.>

**ITEM 1 NAMED INSURED:**

<name>

D/B/A:  
<name of d/b/a>

Principal Address:  
<address>

**ITEM 2 POLICY PERIOD:**

Inception Date: <date>                      Expiration Date: <date>  
12:01 A.M. local time both dates at the Principal Address stated in ITEM 1.

**ITEM 3 ADDRESS INFORMATION FOR NOTICES TO COMPANY:**

<Email: BSIClaims@travelers.com>  
<Fax: 1-888-460-6622>

<Mail: Travelers Bond & Specialty Insurance Claim  
P.O. Box 2989  
Hartford, CT 06104-2989

Overnight Mail: Travelers Bond & Specialty Insurance Claim  
One Tower Square, MN06  
Hartford, CT 06183>

<For questions related to claim reporting or handling, please call 1-800-842-8496.>

**ITEM 4 COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:**

Kidnap and Ransom Coverage

**ITEM 5**

INSURING AGREEMENT	LIMIT OF INSURANCE	RETENTION
<b>A. Kidnap for Ransom</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>B. Extortion for Ransom</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>C. Loss of Ransom In Transit/Delivery</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>D. Covered Expenses for Kidnap or Extortion</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>

<b>E. Covered Expenses for Detention or Hijack</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>F. Rest and Rehabilitation Expenses</b>	\$<amount> per <b>Insured Person</b>	\$<amount> per <b>Insured Event</b>
<b>G. Personal Accident</b>	\$<amount> per <b>Insured Person</b> , subject to the BENEFIT SCHEDULE found in Section III. DEFINITIONS W.,  not to exceed \$<amount> in the aggregate for the <b>Policy Period</b>	\$<amount> for each <b>Insured Event</b>
<b>H. Legal Liability</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>I. Crisis Response Firm Fees and Expenses</b>	Unlimited for each <b>Insured Event</b>	

If “*Not Covered*” is inserted above opposite any specified Insuring Agreement, or if no amount is included in the Limit of Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleted from this **Kidnap and Ransom Policy**.

**Policy Aggregate Limit of Insurance:** ☐ Applicable ☐ Not Applicable

If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each **Policy Period** is: \$<enter amount>. If a Policy Aggregate Limit of Insurance is not included, then this **Kidnap and Ransom Policy** is not subject to a Policy Aggregate Limit of Insurance as set forth in Section V. CONDITIONS, C. LIMIT OF INSURANCE, 1. Policy Aggregate Limit of Insurance.

<b>Crisis Response Firm:</b> <SPS-Global Assistance Group Limited (SPS) Berkeley Square House, Berkeley Square London, W1J 6BD, United Kingdom In the United States of America (and worldwide): +1 713 918 6401 In the United Kingdom: +44 (0)20 3116 2222 Email: info@sps-global.com Website: www.sps-global.com>	<b>Travelers Bond and Specialty Insurance Contact Numbers:</b> US Tel: +1 800 842-8496 (available 24/7/365)  See ITEM 3 of the Declarations for the Travelers Claim mailing address
<b>Cancellation of Prior Insurance:</b> By acceptance of this <b>Kidnap and Ransom Policy</b> , the <b>Named Insured</b> gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers <enter numbers>, such cancellation to be effective at the time this <b>Kidnap and Ransom Policy</b> becomes effective.	

**ITEM 6 PREMIUM FOR THE POLICY PERIOD:**

\$<amount> Policy Premium

\$<amount> Annual Installment Premium

**ITEM 7 FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:**

<form number/edition date>  
 <form number/edition date>  
 <form number/edition date>  
 <form number/edition date>  
 <form number/edition date>

<form number/edition date>

<form number/edition date>

<form number/edition date>

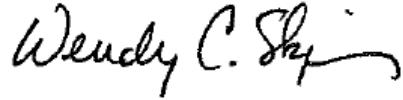
---

THE DECLARATIONS, THE APPLICATION, THE KIDNAP AND RANSOM POLICY FORM, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED.

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.



President, Bond & Specialty Insurance



Corporate Secretary

Specimen