

**Travelers Casualty and Surety Company of America**  
**Hartford, Connecticut**  
 (A Stock Insurance Company, herein called the Company)

ITEM 1	<b>NAMED INSURED:</b>  <name>  D/B/A: <name of d/b/a>  Principal Address: <address>
ITEM 2	<b>POLICY PERIOD:</b>  Inception Date: <date>                      Expiration Date: <date> 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.
ITEM 3	<b>ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:</b>  <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	<b>COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:</b>  Kidnap and Ransom

## ITEM 5

<b>KIDNAP AND RANSOM</b>		
	<b>Limit of Insurance</b>	<b>Retention</b>
<b>Insuring Agreement A. Kidnap for Ransom</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>Insuring Agreement B. Extortion for Ransom</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>Insuring Agreement C. Detention and Hijack</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>Insuring Agreement D. In Transit/Delivery</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>Insuring Agreement E. Rest and Rehabilitation Expenses</b>	\$<amount> per <b>Insured Person</b>	\$<amount> for each <b>Insured Event</b>
<b>Insuring Agreement F. Personal Accident</b>	\$<amount> per <b>Insured Person</b> , subject to the BENEFIT SCHEDULE found in Section III. DEFINITIONS Y., not to exceed \$<amount> in the aggregate for the <b>Policy Period</b>	\$<amount> for each <b>Insured Event</b>
<b>Insuring Agreement G. Additional Expenses</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>Insuring Agreement H. Legal Liability</b>	\$<amount> for each <b>Insured Event</b>	\$<amount> for each <b>Insured Event</b>
<b>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: \$<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.

	<p><b>Crisis Response Firm:</b>          &lt;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&gt;</p>	<p><b>Travelers Bond and Specialty Insurance Claim 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</p>
	<p><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 &lt;numbers&gt;, such cancellation to be effective at the time this <b>Kidnap and Ransom Policy</b> becomes effective.</p>	
<p><b>ITEM 6</b></p>	<p><b>PREMIUM FOR THE POLICY PERIOD:</b>          \$&lt;amount&gt; Policy Premium          \$&lt;amount&gt; Annual Installment Premium</p>	
<p><b>ITEM 7</b></p>	<p><b>FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:</b>          &lt;form number/edition date&gt;          &lt;form number/edition date&gt;          &lt;form number/edition date&gt;          &lt;form number/edition date&gt;          &lt;form number/edition date&gt;          &lt;form number/edition date&gt;          &lt;form number/edition date&gt;          &lt;form number/edition date&gt;</p>	

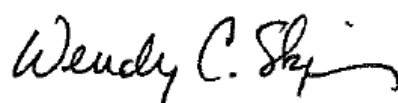
**THE DECLARATIONS, THE APPLICATION, THE KIDNAP AND RANSOM TERMS AND CONDITIONS, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED.**

Countersigned By \_\_\_\_\_

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



President, Bond & Specialty Insurance



Corporate Secretary