TRAVELERS

Travelers Casualty and Surety Company of America

IMPORTANT INSTRUCTIONS

Under the Kidnap and Ransom policy, affiliates, other than Subsidiaries as defined in the policy, are not covered unless the Company has agreed to specifically schedule such entities by endorsement.

GENERAL INFORMATION

Name of Applicant:

Street Address:

City:	State:	Zip:

Primary Contact Name and Title:	Telephone Number:	NAICS Code:	Year Established:

Email Address:	Applicant Website:

Organization Type:
☐ Private ☐ Non-Profit ☐ Publicly Traded ☐ Financial Institution

Total assets as of most recent fiscal year-end: $	Total employees:	Total foreign employees:

TRAVEL AND LOCATION EXPOSURE INFORMATION

Answer the following questions for the Applicant, all Subsidiaries, and any person(s) for which coverage is desired.

1. Do directors, officers, or other employees of the Applicant take trips outside the United States? ☐ Yes ☐ No

   If Yes, provide anticipated country destination information for the next 12 months below.

Country Destination

   To enter more information, attach a separate page to the Application.

2. What is the approximate number of trip days for employees traveling outside the United States? _____

   For example, two employees traveling for one day each equal two trip days.

3. Does the Applicant have any permanent locations outside the United States? ☐ Yes ☐ No

   A permanent location is a premises the Applicant owns or leases where employees perform their labor or services or a premises where remote employees perform their labor or services.

   If Yes, provide all existing and anticipated foreign locations for the next 12 months below.

Country	Number of Locations	Number of Employees

   To enter more information, attach a separate page to the Application.

LOSS CONTROL INFORMATION

Answer the following questions if the Applicant is requesting a coverage limit greater than $1,000,000.

4. Does the Applicant have:
    a. employee travel procedures for travel outside the United States? ☐ Yes ☐ No
    b. safety procedures for employees or permanent locations outside the United States? ☐ Yes ☐ No
    If Yes, attach an explanation.

5. Does the Applicant take steps to ensure the safety of people and premises permanently located outside of the United States? ☐ Yes ☐ No
    If Yes, attach an explanation.

6. Does the Applicant have a formal crisis management plan? ☐ Yes ☐ No
    If Yes, does the plan establish a formal crisis management committee? ☐ Yes ☐ No

7. Does the Applicant have a security director or similar position? ☐ Yes ☐ No
    If Yes, does the position maintain real time information for employee travel outside the United States? ☐ Yes ☐ No

REQUESTED INSURANCE TERMS

Requested Coverage	Requested Limit	Requested Retention
Kidnap for Ransom	$	$
Extortion for Ransom	$	$
Covered Expenses for Detention or Hijack	$	$
Loss of Ransom in Transit or Delivery	$	$
Rest and Rehabilitation Expenses	$	$
Personal Accident	$	$
Covered Expenses for Kidnap or Extortion	$	$
Legal Liability	$	$
Crisis Response Firm Fees and Expenses	$	$

LOSS INFORMATION

8. Has the Applicant or any person proposed for this insurance been involved in a kidnapping, detention, hijacking, or extortion for ransom incident during the past 3 years? ☐ Yes ☐ No

REQUIRED ATTACHMENTS

As part of this Application, provide copies of the documents listed below. Such documents are made a part of this Application; and the Company may elect to obtain requested information from public sources, including the Internet.

*   Loss information, if Applicant has been involved in an incident in the past 3 years. Include date, amount of loss, a description of the incident, and corrective procedures implemented.

ORGANIZATIONS NOT ELIGIBLE FOR COVERAGE

Coverage will not be considered for companies involved in whole or in part in paramilitary operations, pornography, adult entertainment, escort services, prostitution, or the manufacturing, distribution, or sale of marijuana.

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: _____

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than $5,000 and not over $10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

☐ Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: **X**	Authorized Representative Name and Title:	Date *(month/dd/yyyy)*:
Producer Name (required in FL & IA): **X**	State Producer License No (required in FL):	Date *(month/dd/yyyy)*:
Agency:		Agency Phone Number: