

UIB GROUP KIDNAP AND RANSOM

CORPORATE COVER PROPOSAL FORM

Please fill in this proposal form as accurately as possible. Your quotation may be invalid if the information submitted in this proposal form is incorrect.

The information provided in this proposal form shall be the basis of this insurance contract should a policy be issued and you are therefore responsible for its accuracy. Please check that you understand all of the questions and that the answers are correct. If you are in any doubt whatsoever, please contact UIB.

To give false information knowingly in answering any of the questions on this proposal form in order to obtain insurance or obtain insurance at a reduced premium could be a criminal offence and will invalidate your insurance.

If you have insufficient space to answer any questions, please attach a separate sheet.

1. NAME AND ADDRESS DETAILS

Name of the Company	<input type="text"/>		
Your Name	<input type="text"/>		
Position in Company	<input type="text"/>		
Company Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number	<input type="text"/>	Fax No.	<input type="text"/>
Contact E-mail Address	<input type="text"/>		
Company Website Address	<input type="text"/>		
Nature of Business	<input type="text"/>		

2. EMPLOYEES TO BE COVERED

Number of employees to be covered			
Directors	<input type="text"/>	Officers	<input type="text"/>
		Employees	<input type="text"/>
Total Turnover	<input type="text"/>	Net Assets	<input type="text"/>

3. OVERSEAS OPERATIONS

Do you have any permanent overseas operations? Yes No

If Yes, please list the locations of all permanent overseas operations with the approximate number of employees at each location and, if possible, the number of years experience in that location.

Country	Location(s) City/Town	No. of years in country	No. of personnel
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please list all foreign travel below including the number of personnel and time spent in each country.

Territory/Regions	No. of personnel	No. of visits	Average stay at any one time

4. SECURITY PRECAUTIONS PROCEDURES

Please provide any relevant information regarding security precautions and/or procedures that are undertaken by overseas employees and/or travellers.

Have there been any incidents which would have given rise to a claim under the policy? Yes No

If Yes, please provide details.

Limit(s) of Liability requested (Please state currency).

5. REQUESTED POLICY EXTENSIONS

Business Interruption Coverage

Product Loss Extensions

Computer Virus Interruption

Emergency Political Repatriation

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete. Signing this form does not bind the applicant(s) to complete the insurance but it is agreed that this form will be the basis of the contract should a policy be issued.

Signature

Name

Position

Date



UIB

United Insurance Brokers Limited is an accredited Lloyd's insurance broker, authorised and regulated by the Financial Conduct Authority (FCA).

United Insurance Brokers Ltd

69 Mansell Street, London, E1 8AN

T: +44 (0)20 7488 0551 | W: www.uibgroup.com