

# UIB GROUP KIDNAP AND RANSOM

## FAMILY 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 Applicant	<input type="text"/>		
Address of Applicant	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/>		
Occupation of Applicant	<input type="text"/>		

### 2. FAMILY MEMBERS TO BE COVERED

Please list the name, age, relationship and city of residence of the individuals to be insured (continue on a separate sheet if necessary).

Name	Age	Relationship	City of Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. COVERAGE REQUIREMENTS

Please list the countries in which you require coverage.

Have there been any kidnaps, attempted kidnaps or kidnap threat?

Yes  No

*If Yes, please provide details.*

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Please give brief details of any travel plans outside the country of residence of the individuals to be insured.

Do the applicant's net assets exceed

US\$ 500,000       US\$ 1,000,000       US\$ 2,500,000   
US\$ 5,000,000       US\$ 10,000,000

Limit(s) of liabilities requested

Please provide any other information you feel would be of relevance.

**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	<input style="width: 700px;" type="text"/>		
Name	<input style="width: 700px;" type="text"/>		
Position	<input style="width: 500px;" type="text"/>	Date	<input style="width: 150px;" type="text"/>



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