



**EXECUTIVE PROTECTION APPLICATION**

1. Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Applicant's state of Incorporation: \_\_\_\_\_ and date established: \_\_\_\_\_
4. Requested Limits of Liability: \_\_\_\_\_ and Deductible Amount \$ \_\_\_\_\_
5. Please attach a description of the Applicants operations.
6. Please complete the following regarding Applicants risk profile:

List Countries in which you have operations	Type of Operation	Number of Locations	Number of Employees	Revenues
U.S. and Canada				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
	<b>Total:</b>			\$

7. Please complete the following information regarding the foreign travel of the Applicant's employees:

Travel Destinations by Country	Number of Trips per year	Average length of stay	Number of employees traveling

8. Please identify:
  - A. Any countries noted in items 6 & 7 above that you believe present your operations or employees with above average risk to Kidnapping, Extortion, Political Instability or other acts of Terrorism:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
  - B. Any precautions take to protect those individuals or facilities noted in item "A." above:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
  - C. The individual in your firm responsible for the corporations security:
   
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_





9. Does the Applicant have any knowledge of specific facts or information, relative to the Applicant, that may give rise to a claim under the coverage provided by the requested policy:  Yes  No  
 If yes, please provide details:

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10. Please provide details on all network security precautions taken to secure sensitive client data that exists on your corporate networks or databases. If you do not keep client data on your networks or databases check none:  None

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11. List all kidnapping, extortion threats, cyber extortion, hijacking, wrongful detention or political threats discovered by Applicant in the last 5 years which would have been covered under the policy for which this Applicant is made, itemizing each loss separately. Check if none :

Date of loss, threat or event	Description of loss, threat or event	Total amount of loss	Please indicate whether or not the loss was covered under another insurance policy and include carrier's name

**Notices:**

The Applicant's submission of this Application does not obligate the Company to issue, or the Applicant to purchase a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant hereby authorizes the Company to make any inquiry in connection with this Application.

**Notice to Arkansas, Minnesota and Ohio Applicants:** Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia, Maine, Tennessee and Virginia Applicants:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Notice to Louisiana and New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and criminal penalties.

**Notice to Maryland Applicants:** Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New York Applicants:** 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 shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.





**Notice to Oklahoma Applicant:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to a risk may be found guilty of insurance fraud by a court of law.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files and 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 civil and criminal penalties.

**MATERIAL CHANGE:**

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

**DECLARATION AND SIGNATURE:**

For the purpose of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and such other information submitted therewith in issuing any policy.

The information requested in this Application is for the underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the risk manager or senior officer of the Parent Organization, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

\_\_\_\_\_  
Date Signature Title

Produced by:

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Submitted by:

Agency: \_\_\_\_\_

Taxpayer ID or SS No.: \_\_\_\_\_ Agency License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

