



**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.

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