



Proposal Form

Kidnap, Extortion & Detention

Important Information

Your insurance contract will be prepared based on the information supplied by you, which is shown on this Proposal. To the best of your knowledge and belief, you must be satisfied the information is correct. It is important that you let us know about anything that could influence the insurers attitude to your proposal

Your Personal Details

Please complete clearly in BLOCK CAPITALS

Proposer's full name: (including any subsidiary companies to be covered)

Address of premises

Postcode

Telephone no

Fax no

Address for correspondence (if different)

Telephone no

Fax no

Email address

Business (please describe fully and provide full product information)

Year business established

Directors/Partners full names (where not shown)

Date on which insurance is to commence

____ / ____ / ____

Cover Required

Section A Individual(s)

Yes No

Section B Corporate

Yes No

Section A: Individuals

Indemnification for insured losses sustained directly as a result of Kidnap, Extortion, Products Extortion, Detention or Hijack of an Insured Person within the insured Territory.

1. Insured Person(s)

Person 1

Name(s)

Date of Birth

____/____/____

Occupation

Relationship to Proposer

Person 3

Name(s)

Date of Birth

____/____/____

Occupation

Relationship to Proposer

Person 2

Name(s)

Date of Birth

____/____/____

Occupation

Relationship to Proposer

Person 4

Name(s)

Date of Birth

____/____/____

Occupation

Relationship to Proposer

Person 5

Name(s)

Date of Birth

____/____/____

Occupation

Relationship to Proposer

2. Proposer's Country of Residence

3. Proposer's Host Country

4. Proposer's annual income or net worth

5. Annual travel pattern

Pattern 1

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 2

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 3

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 4

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 5

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 6

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Section B: Corporate

Indemnification for insured losses sustained directly as a result of Kidnap, Extortion, Detention or Hijack of a Covered Person within the insured Territory

6. Covered Person(s)

Person 1

Name(s)

Date of Birth

____/____/____

Occupation

Country of Residence

Person 3

Name(s)

Date of Birth

____/____/____

Occupation

Country of Residence

Person 2

Name(s)

Date of Birth

____/____/____

Occupation

Country of Residence

Person 4

Name(s)

Date of Birth

____/____/____

Occupation

Country of Residence

Person 5

Name(s)

Date of Birth

____/____/____

Occupation

Country of Residence

7. Year Business established?

____/____/____

8. Annual turnover of Business?

£ _____

9. Countries with Business representation?

10. Annual travel pattern

Pattern 1

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 2

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 3

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 4

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 5

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Pattern 6

Insured Person(s)

Territory

Business/Pleasure

Frequency

Average Duration

Section C: Coverage

12. Limit of Liability required per insured event?

£250,000 £500,000 £1,000,000 £2,000,000 £5,000,000

Other amount, please specify £ _____

13. Territorial Limits

United Kingdom/Europe Worldwide

Section D: Coverage

14. Has the Proposer or any Person to be covered under this contract

- a) ever received an actual, attempted or threatened kidnapping, extortion, detention or hijacking attempt? **Yes** **No**
- b) have any knowledge or details which may reasonably give rise to a claim? **Yes** **No**
- c) ever been declined, cancelled or had a policy issued with special conditions imposed? **Yes** **No**

If YES, give full details.

Section E: Payment

Do you wish to pay the premium by monthly instalments **Yes** **No**

If YES an application form will be sent to you

NO INSURANCE IS IN FORCE UNTIL YOUR APPLICATION HAS BEEN ACCEPTED AND FULL PREMIUM HAS BEEN RECEIVED

Personal Data

You have the right to access any records about you, which we hold on computer files under the Data Protection Act 1984. Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer the insurance including the terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form, together with other information relating to the claim will be put on the register and made available to participants.

To set up and administer your policy Riva Insurance Brokers Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area. Riva Insurance Brokers Limited may also send you details of their other products and services.

Please tick this box if you do not wish to receive such details

Insurance Premium Tax

The Finance Act 1994 required us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

Section F: Declaration

To the best of my knowledge and belief the information and statements provided in connection with this proposal, whether in my own hand or not, are true and complete and no material facts or information have been withheld or suppressed. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of the risk by insurers. If you are in any doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or insurers to accept, this insurance. I understand and agree that insurers may seek information from credit and other agencies in connection with this proposal.

Signature(s):

Date

_____ / _____ / _____

Please note: If you are returning this form to Riva ib by electronic means (email or upload), please either enter your electronic signature in the space provided or type in your full name. In both cases this legally binds you to the information supplied.



Riva Insurance Brokers Ltd.

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