

Kidnap, Ransom and Extortion Questionnaire For Individual or Family

1. Name of Applicant:

2. Address of Applicant (List primary and all other residences):

3. Please List all the Names, Cities of Residence, Relationships and Ages all Persons to be Insured:

4. Details of Occupation of Applicant(s):

5. Applicants' Country of Birth:

6. Have there been any Kidnaps, Attempted Kidnaps, or Threatened Kidnaps? (If so, please give brief details):

7. Please give brief details of any travel plans outside the country of residence, for all Persons to be Covered (Include the purpose of the trip, dates/duration, and all cities/countries to be visited):

8. Do the Assets of the Applicant exceed:

- | | | | | | |
|-------|-----------------|--------------------------|--------|--------------------|--------------------------|
| (i) | US\$ 500,000 | <input type="checkbox"/> | (vii) | US\$ 50,000,000 | <input type="checkbox"/> |
| (ii) | US\$ 1,000,000 | <input type="checkbox"/> | (viii) | US\$ 75,000,000 | <input type="checkbox"/> |
| (iii) | US\$ 2,500,000 | <input type="checkbox"/> | (ix) | US\$ 100,000,000 | <input type="checkbox"/> |
| (iv) | US\$ 5,000,000 | <input type="checkbox"/> | (x) | US\$ 250,000,000 | <input type="checkbox"/> |
| (v) | US\$ 10,000,000 | <input type="checkbox"/> | (xi) | US\$ 500,000,000 | <input type="checkbox"/> |
| (vi) | US\$ 25,000,000 | <input type="checkbox"/> | (xii) | US\$1,000,000,000+ | <input type="checkbox"/> |

9. Limits of Liability Requested:

10. Policy term requested:

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 to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Applicant: _____

Date: _____

Victor Insurance Managers LLC

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